

Case Number:	CM15-0195361		
Date Assigned:	10/09/2015	Date of Injury:	08/09/2014
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39 year old male, who sustained an industrial injury on 8-9-2014. He reported acute trauma fracturing the right 4th and 5th fingers subsequently undergoing surgical placement of pins. Diagnoses include extensor tendon adhesion, right 4th and 5th fingers to hand, hypertrophic scar, right hand, status post surgical repair on 3-19-15, status post right 4th finger rupture and surgical repair on 4-3-15. Treatments to date include activity modification, medication therapy, and approximately twelve (12) occupational therapy sessions following the surgery on 4-3-15. On 8-19-15, he complained of limited motion in the right fingers. The physical examination documented multiple healed surgical scars and tenderness to palpation over the right hand scar. The provider documented range of motion in the middle finger was 0-80, 0-100, and 0-60 degrees of motion in the fourth and fifth fingers. There was numbness to touch noted over the 4th and 5th fingers. The plan of care included additional occupational therapy to the right hand digits. The appeal requested twelve (12) occupational therapy sessions to the right ring finger and right small finger (RF-SF), three times a week for four weeks. The Utilization Review dated 9-24-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Occupational therapy 12 sessions to the right RF/SF, 3x4: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The 39 year old patient presents with fourth and fifth metacarpal fractures, status post surgical fixation; and right ring and small finger stiffness and arthritis; as per progress report dated 08/19/15. The request is for Occupational therapy 12 sessions to the right RF/SF, 3x4. The RFA for this case is dated 08/19/15, and the patient's date of injury is 08/09/14. The patient is status post three hand surgeries, as per progress report dated 08/19/15. As per progress report dated 04/29/15, the patient is two weeks status post flexor tendon repair to the right fourth finger, and is taking Norco for pain relief. The patient is restricted to no use of the right hand, as per progress report dated 08/19/15. MTUS post-surgical guidelines, pages 18-20, Forearm, Wrist, & Hand recommends 18 visits over a period of 4 months in patients undergoing Flexor tendon repair or tenolysis. The post-surgical time frame is 6 months. MTUS post-surgical guidelines, pages 18-20, Forearm, Wrist, & Hand recommends 24 visits over a period of 2 months in patients undergoing capsulotomy. The post-surgical time frame is 4 months. In this case, the patient was authorized for open capsulotomy of right fourth and fifth fingers, release of flexion contractures at the PIP joint of fourth and fifth as well as extensor tenolysis of both fingers, as per progress report dated 03/18/15. The patient was also approved for 12 sessions of physical therapy after the surgery. As per progress report dated 04/29/15, the patient is three weeks status post flexor tendon repair, right fourth finger. In the same report, the treater recommends that the patient should "restart therapy" of 12 sessions as soon as possible. As per report dated 08/19/15, the patient is status post three right hand surgeries. The reports do not clearly specify the number of therapy sessions completed until now. The Utilization Review denial letter, however, states that the patient has completed 28 sessions of physical therapy until now. There is no discussion regarding efficacy of prior therapy in terms of reduction in pain and improvement of function. It is not clear why the patient has not transitioned to a home exercise regimen. Nonetheless, the request for 12 sessions of occupational therapy, noted in progress report dated 08/19/15, falls within the range recommended by MTUS. Hence, the request is medically necessary.