

Case Number:	CM15-0222619		
Date Assigned:	11/18/2015	Date of Injury:	08/11/2015
Decision Date:	12/30/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30 year old male, who sustained an industrial injury on 8-11-15. He reported a laceration to the right middle finger. The injured worker was diagnosed as having status post laceration of the right hand. Treatment to date has included medication such as Voltaren, Protonix, and Ultram. Physical exam findings on 10-7-15 included a well healed laceration scar on the dorsal aspect of the metacarpal joint of the right middle finger with mild swelling. Tenderness was noted at the laceration scar. Full range of motion in all digits of the right hand was noted and no instability of the extensor mechanism of the right middle finger was noted. On 10-7-15, the injured worker complained of soreness and stiffness of the right middle finger. The treating physician requested authorization for occupational therapy 3x4 for the right middle finger. On 10-20-15 the request was modified to certify 4 occupational therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 3 times a week for 4 weeks for right middle finger: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter (Acute & Chronic) Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury on 08/11/15 when he was involved in an altercation with a laceration to the base of the right third finger. The laceration was left open and he was treated with antibiotics and ibuprofen. He was seen by the requesting provider on 10/07/15. He had not had therapy. He had soreness and stiffness of the metacarpal phalangeal (MCP) joint of his right third finger. Physical examination findings included a well-healed scar over the dorsal aspect of the MCP joint with mild swelling and mild tenderness. There was full range of motion. Medications were provided and he was referred for 12 sessions of occupational therapy. In terms of physical therapy after treatment for an open wound of finger or hand, guidelines recommend up to 9 treatment sessions over 8 weeks. In this case, there is no impairment of range of motion or strength. The number of visits requested is in excess of that recommended and what might be needed to determine whether continued therapy was necessary or likely to be effective. The request is not medically necessary.