

<b>Case Number:</b>	CM15-0048995		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	12/04/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 27 year old female, who sustained an industrial injury on 12/4/2014. The current diagnoses are status post open reduction with internal fixation of the right thumb proximal phalanx (12/12/2014). According to the progress report dated 2/25/2015, the injured worker complains of increased right thumb pain with use. The pain is described as dull. The pain is rated 4-5/10 on a subjective pain scale. Treatment to date has included medication management, thumb Spica brace, occupational therapy (10 of 12 scheduled visits), home exercise program, and surgical intervention. The plan of care includes 12 additional occupation therapy sessions to the right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Occupational Therapy for the Right Hand QTY: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines fracture of one or more phalanges Page(s): 20.

**Decision rationale:** MTUS post-operative physical therapy for a fracture of one or more phalanges of the hand (page 20) is recommended to include up to 16 visits over 10 weeks. In this case, the patient has completed 10 of 12 previously scheduled visits, making the utilization reviewer's modification of the request to 4 additional visits appropriate per the guidelines. The provided documents support the need for further treatment within chronic pain management, as there is decreased range of motion and grip strength. While the patient may benefit from more than 16 total visits of therapy, further evidence of necessity should be supported by well-documented objective evidence of functional improvement following completion of the recommended course. Further insight as to barriers to home exercise vs. supervised therapy, etc., should also be considered if further treatment is requested. Given the provided documents and recommendations of the CA MTUS, the initial request for 12 additional visits of therapy without further assessment for progression/efficacy cannot be considered medically necessary.