

Case Number:	CM15-0049849		
Date Assigned:	03/23/2015	Date of Injury:	07/30/2014
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 41 year old male, who sustained an industrial injury on 07/30/2014. He has reported injury to the right fifth finger. The diagnoses have included right finger dislocation, distal interphalangeal joint; right little finger laceration; and crush injury of right little finger. Treatment to date has included medications, diagnostic studies, splinting, and hand therapy. A progress report from the treating physician, dated 02/03/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of unchanged pain in the right fifth digit, with numbness and swelling; hypersensitivity of the finger is unchanged; and he has noticed the right fourth digit is getting numb. Objective findings included the right fifth digit is warm and red, and dorsum of the hand (ulnar aspect) is warm, and swollen. The treatment plan has included additional occupational therapy/hand therapy #6 for range of motion and functional restoration as conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy/hand therapy #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand: Physical/Occupational therapy.

Decision rationale: Additional occupational therapy/hand therapy #6 is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends a transition of supervised therapy to an independent home exercise program. The ODG recommends up to 9 visits of therapy for a finger dislocation and a finger crush injury. The documentation indicates that the patient has had 24 therapy visits without significant evidence of functional improvement. The request for Additional occupational therapy/hand therapy #6 is therefore not medically necessary.