

Case Number:	CM15-0062554		
Date Assigned:	04/08/2015	Date of Injury:	01/12/2015
Decision Date:	05/12/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/02/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 60 year old female who sustained an industrial injury on 01/12/2015. Diagnoses include sprain of right ring finger. Treatment to date has included diagnostic studies, medications, finger splint, and occupational therapy. A physician progress note dated 03/10/2015 documents the injured worker complains of pain and stiffness in the right ring finger, there is no snapping or locking. No numbness or tingling. She has mild swelling at the proximal interphalangeal joint (PIP) right ring finger diffusely, and there is mild tenderness diffusely at the PIP right ring finger. Sensation and circulation is normal. Range of motion has mild limitations. There is ecchymosis and discoloration of volar plate of the fourth MCP joint. Medication was dispensed. Treatment requested is for occupational therapy 3 time 4 ring finger/hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 3 time 4 ring finger/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: Guidelines recommend 9-10 sessions of initial therapy. If there is evidence of functional improvement, additional treatment might be appropriate. In this case, the patient completed therapy sessions but there is no clear documentation of musculoskeletal deficits that cannot be treated with a home exercise program, yet would be expected to improve with formal supervised therapy. The request for occupational therapy 3x/week x 4 weeks is not medically appropriate and necessary.