

Case Number:	CM15-0081204		
Date Assigned:	05/01/2015	Date of Injury:	11/04/2014
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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:

November 4, 2014. The injury was sustained when the injured worker got the middle and ring finger caught in a belt and pulley assembly on an air condition compressor system. The injured worker sustained a traumatic amputation of the ring finger and an open fracture of the middle finger middle phalanx with a tendon laceration. The injured worker previously received the following treatments 18 physical therapy sessions, home exercise program; right hand x-rays, surgery on the right ring and middle fingers. The injured worker was diagnosed with traumatic right ring finger amputation, middle finger fracture, middle finger extensor tendon laceration and limited range of motion flexion contractures PIP joint of the middle finger and ring finger. The office visit of March 10, 2015, was a second opinion for further treatment of the right ring and middle fingers. According to progress note of March 10, 2015, the injured workers chief complaint was limited range of motion of the digits. The injured worker was having pain and stiffness in the digits, weakness, the hand giving out, cramping, muscles spasms, which was frequent, more than half the day. The physical exam noted a traumatic amputation of the right ring finger with tenderness at the tip. There was healed traumatic wound to the middle finger near the DIP joint. There was decreased range of motion flexion contracture of the remaining portion of the ring finger. The treatment plan included post-operative occupational therapy for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op occupational therapy (OT) 2-3 times per week for 6-8 weeks for right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines, Flexor tendon repair or tenolysis Zone 2 and other: 30 visits over 6 months for postsurgical treatment period of 8 months. Synovitis and tenosynovitis (ICD9 727.0): Medical treatment: 9 visits over 8 weeks. Post-surgical treatment: 14 visits over 12 weeks.

Decision rationale: Utilization had approved the request for right MF/RF extensor tenolysis with post-operative OT from 24 sessions modified for 18 visits. Guidelines recommend 14 visits over 12 weeks period for surgical intervention. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. Submitted reports have not adequately demonstrated specific ADL limitations or functional improvement to support for further therapy beyond this post-surgical treatment visits. The Post op occupational therapy (OT) 2-3 times per week for 6-8 weeks for right hand is not medically necessary and appropriate.