

Case Number:	CM15-0081946		
Date Assigned:	05/04/2015	Date of Injury:	11/26/2014
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/29/2015

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 64 year old male, who sustained an industrial injury on November 26, 2014. He has reported hand pain. Diagnoses have included left index and middle fingers severe crush injuries with open fractures, poor vascularization of the index finger, left middle finger delayed union, and neuropathic pain. Treatment to date has included medications, hand therapy, surgery, bone stimulator, and imaging studies. A progress note dated March 30, 2015 indicates a chief complaint of hand pain that feels better. The treating physician documented a plan of care that included continued hand therapy and use of a splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 sessions of additional occupational therapy for the left fingers and hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: The claimant sustained a significant crush injury to his nondominant left hand in November 2014. He had open fractures of the second and third fingers. He underwent three surgeries with the last in January 2015 where amputation of the distal phalanx of the index finger was performed. When seen, he had completed 15 post-operative occupational therapy treatments. Sensation in his index finger was returning. He was having swelling with overuse. Physical examination findings included decreased range of motion of the fingers with 45 degrees flexion of the PIP joint of the index finger. Recommendations included continued therapy, use of a bone stimulator, and a dynamic splint for the PIP joint of the index finger. Guidelines recommend up to 16-therapy session over 10 weeks for treatment of the claimant's injury. In this case, the additional number of treatments requested is in excess of the guideline recommendation. Since the claimant has already had occupational therapy, compliance with a home exercise program would be expected. Providing the number of requested additional skilled therapy services is not medically necessary.

Purchase of JAE2 splint: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand.

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), Static progressive stretch (SPS) therapy.

Decision rationale: The claimant sustained a significant crush injury to his non-dominant left hand in November 2014. He had open fractures of the second and third fingers. He underwent three surgeries with the last in January 2015 where amputation of the distal phalanx of the index finger was performed. When seen, he had completed 15 post-operative occupational therapy treatments. Sensation in his index finger was returning. He was having swelling with overuse. Physical examination findings included decreased range of motion of the fingers with 45 degrees flexion of the PIP joint of the index finger. Recommendations included continued therapy, use of a bone stimulator, and a dynamic splint for the PIP joint of the index finger. Use of a static progressive stretch (SPS) splint may be considered when there is joint stiffness caused by immobilization or healing soft tissue that can benefit from constant low -intensity tension. In this case, the claimant had restricted PIP motion more than 2 months after surgery despite the therapy treatments provided and should be transitioned to an independent home exercise program, which would appropriately include use of the splint. The request was medically necessary.