

Case Number:	CM15-0084435		
Date Assigned:	05/06/2015	Date of Injury:	11/26/2014
Decision Date:	06/05/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 63-year-old female, who sustained an industrial injury on 11/26/2014. The current diagnoses are displaced fracture proximal phalanx right ring finger, status post open reduction with internal fixation (12/2/2014), status post hardware removal right ring finger (12/30/2014), displaced fracture proximal phalanx right small finger, status post close reduction and pinning, status post hardware removal right small finger, flexion contracture proximal interphalangeal joints index, long, ring, and small fingers, intrinsic contracture index, long, ring, and small fingers, and flexor/extensor tendon adhesions right ring and small finger. According to the progress report dated 3/30/2015, the injured worker complains of significant post-operative stiffness in the right hand and fingers. The physical examination reveals significant swelling about the right hand and fingers, limited action flexion of the small finger, and significant intrinsic tightness of the index, long, ring, and small fingers. The current medications are Ibuprofen. Treatment to date has included medication management, physical therapy, and surgical intervention. The plan of care includes 12 occupational therapy sessions for right hand/fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 occupational therapy sessions for right hand/fingers: Upheld

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

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

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that following a phalange fracture such as in the case of this worker, 16 sessions of supervised physical therapy is recommended with additional sessions only being recommended if clear functional benefit is proven and home exercises is not producing the same results. In the case of this worker, following surgery to repair her hand injury, she reportedly completed 29 supervised physical/occupational therapy sessions for the right hand/fingers, which is far beyond the recommended number of sessions. Upon review of the notes provided, there was insufficient evidence to suggest the worker was unable to perform home exercises to continue any physical medicine rather than attending supervised sessions. At this point after the injury, it appears that she has completed sufficient therapy to be able to continue exercises at home with benefit. Therefore, the request for 12 additional occupational therapy sessions will be considered medically unnecessary.