

Case Number:	CM15-0085217		
Date Assigned:	05/07/2015	Date of Injury:	02/05/2015
Decision Date:	06/08/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/04/2015

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:

The injured worker is a 33-year-old female, who sustained an industrial/work injury on 2/5/15. She reported initial complaints of left middle finger pain. The injured worker was diagnosed as having left middle finger proximal interphalangeal joint dorsal dislocation with volar fracture of middle phalanx base. Treatment to date has included splinting and diagnostics, conservative measures, and hand specialist consultation. Currently, the injured worker complains of finger having almost full flexion. Per the primary physician's progress report (PR-2) on 3/18/15 reported results of past drug screen testing. The injured worker will have light use of the hand with restrictions, use of block splint from 15 to 10 degrees with discontinuation after one week. The report from 2/13/15 reports the injured worker being stable, with mild edema, limited flexion in the affected finger, and use of extension block splint for left middle finger. The requested treatments include occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical medicine. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG), chapter, forearm, wrist and hand (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines; Fracture of one or more phalanges of hand (fingers) (ICD9 816): Minor, 8 visits over 5 weeks.

Decision rationale: The Post-surgical treatment guidelines for 8 visits over 5 weeks for physical medicine treatment period. The patient had 7 post-op sessions authorized without fading of treatment to an independent self-directed home program. Recent x-rays indication stable post reduction without any instability noted. 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 period. The Occupational therapy 2 times a week for 4 weeks is not medically necessary and appropriate.