

<b>Case Number:</b>	CM15-0085502		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	03/29/2014
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year old male who reported an industrial injury on 3/29/2014. His diagnoses, and/or impressions, are noted to include: left thumb comminuted open fracture, status-post open rotation internal fixation (ORIF) with bone grafting (4/10/14); status-post removal of per-cutaneous pins (5/7/14); status-post removal of deep pin (5/9/14); left index mallet finger; persistent pain, numbness and stiffness; and left index contusion at joint. The history notes a previous workers compensation claim. No current imaging studies were noted. His treatments have included ORIF of the severely comminuted displaced fracture of the phalanx of the left thumb, with bone grafting (4/10/14); short-arm/thumb SPICA splint; 30 sessions of post-surgical physical therapy; medication management and modified work duties. The progress notes of 4/2/2015 noted complaints of stiffness/weakness/pain in his left hand. The objective findings were noted to include lack of full opposition of the left thumb with making a fist; decreased left thumb range-of-motion; and 15 degrees of drooping to the left index finger joint. The physician's requests for treatments were noted to include occupational therapy for the left thumb, with the emphasis on work conditioning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy (ther ex, kinetic act) x 8 visits for the left thumb:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** Occupational therapy (ther ex, kinetic act) x 8 visits for the left thumb is not medically necessary per the MTUS Guidelines. The documentation indicates that the patient has had 30 post surgical PT visits which exceeds what the MTUS recommends for this condition. The MTUS recommends a transition to an independent home exercise program. At this point the documentation does not reveal that the patient requires 8 more supervised therapy visits as he should be competent in a home exercise program. The request for continues occupational therapy is not medically necessary.