

Case Number:	CM14-0149387		
Date Assigned:	09/18/2014	Date of Injury:	01/23/2014
Decision Date:	10/17/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55 year old with a work injury dated 1/23/14. The diagnoses status post irrigation and drainage, open reduction and internal fixation of the right index distal phalanx fracture with nail bed repair and advancement flap on 02/12/14. Under consideration is a request for occupational therapy 2x6. There is a primary treating physician report dated 8/6/14 agreed medical evaluation that states that the patient has continued sensitivity between her nail bend and first joint of her right index finger. She continues have swelling in her right middle finger (no injury occurred to her middle finger). She denies any radiating arm pain or right shoulder symptoms. On exam there is decreased grip and pinch strength. Reflexes are +2 at the biceps, triceps, and brachioradialis, bilaterally. Sensory examination is intact to sharp pin and light touch, bilaterally. Motor examination is normal to manual muscle testing bilaterally. There is loss of range of motion of the right index finger. There is limited DIP joint flexion. There is limited PIP joint flexion. There is right index finger due to limited MCP flexion. The patient is capable of her full and customary duties without limitations. Per documentation Primary Treating Physician's Progress Report (PR-2) dated 07/10/14 documented physical examination findings of the upper extremities which included mild tenderness over the right index finger grip, mildly diminished sensation in the right index finger tip, 5-25 degrees of flexion at the distal interphalangeal (DIP) joint of the right index finger, and grip strength remained diminished. Treatment plan included continuing occupational therapy twice weekly for the next six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & hand. Physical/Occupational Therapy

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

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary. Occupational therapy 2 x 6 is not medically necessary per the MTUS Guidelines. The guidelines recommend up to 16 visits for this condition after surgery. The MTUS guidelines also recommend a fading of therapy towards an independent home exercise program. Per documentation the patient has had 20 post op PT visits which exceeds guidelines recommendations for this condition. She should be well versed in a home exercise program. There are no extenuating circumstances that would require 12 more supervised therapy visits. The request for Occupational therapy 2 x 6 is not medically necessary.