MAXIMUS Federal Services

Case Number:	CM14-0161879		
Date Assigned:	10/07/2014	Date of Injury:	06/12/2012
Decision Date:	11/07/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/02/2014

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 Internal Medicine and is licensed to practice in California. 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 injured worker is a 37-year-old man who was working as a [redacted] driver when he was involved in a crush injury to his hand, which resulted in a traumatic amputation of the thumb. This occurred on June 12, 2012. He has reconstruction and skin grafting from the thumb to the index finger, then from the forearm to the index finger. He experience excess skin and keloid scar formation and underwent revision on July 16, 2013. Complications occurred with the thumbnail and he underwent right thumb soft tissue, nail bed, and distal phalanx reconstruction on July 15, 2014. The IW attended Occupational Therapy (OT) hand therapy on July 16, 2014. The IW was provided with a thumb splint. In the August 6, 2014 physical therapy assessment, there had been 4 visits. In the medical record there is no indication as to the response to physical therapy. The case management information identifies eight previous visits but the efficacy of the occupational therapy is not known. The August 15, 2014 provider evaluation notes objective range of motion right PI joint right thumb; incomplete, nail bed loose and will be removed, other sutures intact, and distal soft tissue is healing very well. Current medications are Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Occupational therapy at 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition (2004)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 28.

Decision rationale: In this case, the injured worker is a 37-year-old UPS worker who sustained a crush injury to his hand on June 12, 2012. Injured worker had an initial amputation with the subsequent revision on July 16 of 2013. Additional surgery was performed on May 23 of 2014 and July 15, 2014. In the August 6, 2014 physical therapy assessment, there had been four visits. The August 15, 2014 provider evaluation noted objective range of motion of the proximal joint right thumb was incomplete, nail bed was loose and will be removed, other sutures were intact and distal soft tissue is healing very well. There was no documentation in the record, however, as to the response to physical therapy. The case management information identified eight previous visits but the efficacy of the occupational therapy is not known. Consequently, it cannot be determined if additional visits can be recommended within the guidelines based on the lack of proper documentation. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, therapeutic exercises are not medically necessary.