

<b>Case Number:</b>	CM14-0144356		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 male, who sustained an industrial injury on 10/30/2013. The diagnoses have included pain in limb, injury to digital nerve, contracture of hand, and open wound of finger(s), complicated. Treatment to date has included surgical intervention (status post repair ulnar digital nerve, left long finger, and status post neuroplasty, digital nerve ( left long finger) and conservative treatments. On 7/21/2014, the injured worker complained of persistent pain and stiffness of the left long finger. Pain was worse with pinching, pulling, and grasping. Physical exam noted good capillary refill and warmth in the hand and digits. A well healed incision was noted on the left long finger. Decreased sensation over the tip of the left long finger was noted, along with tenderness over the proximal interphalangeal joint long finger. Motion was documented as improved and he was almost able to make a fist. The finger was able to be flexed to touch his palm. Magnetic resonance imaging of the left hand, from 7/08/2014, revealed subcutaneous soft tissue scarring and no discrete tendon, ligament, or pulley injury. Current medications included Norco 2.5/325mg for breakthrough pain. A continued course of therapy (1x4) was recommended for rehabilitation of long finger, including scar desensitization. On 8/07/2014, Utilization Review non-certified a request for additional post-operative occupational therapy to the left long finger/hand (1x4 weeks), noting the lack of compliance with ACOEM and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Additional Postoperative Occupational Therapy for the Left long finger/hand 1 x 4 week:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Physical Therapy

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy (PT) treatments can be utilized in the management of musculoskeletal pain. The utilization of PT can result in reduction in pain, decreased post operative swelling and functional restoration. The records indicate that the patient completed post operative PT. There was documentation of functional restoration following the prior post surgical PT. The most recent radiological report did not show any acute changes that can further improve with additional PT. The guidelines recommend that patients proceed to a home exercise program following completion of supervised PT program. The criteria for 4 additional PT to left long finger 1 per week was not met.