

Case Number:	CM15-0019568		
Date Assigned:	02/09/2015	Date of Injury:	06/12/2014
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 26 year old male, who sustained an industrial injury on 6/12/14. He has reported pain in the right index finger related to a crush injury. The diagnoses have included contusion of finger and sprain of finger. Treatment to date has included x-ray of the right hand, MRI of right hand and oral medications. As of the PR2 dated 11/24/14, the injured worker reported increased pain in right index finger that radiates to left side of neck. The treating physician requested occupational therapy 2 x week for 6 weeks for right hand and index finger. On 1/28/15 Utilization Review modified a request for occupational therapy 2 x week for 6 weeks for right hand and index finger to occupational therapy 2 x week for 2 weeks for right hand and index finger. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 1/28/15, the injured worker submitted an application for IMR for review of occupational therapy 2 x week for 6 weeks for right hand and index finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the right hand/index finger, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Therapy for finger strain

Decision rationale: According to the ODG guidelines, up to 9 visits over 8 weeks of therapy is recommended for a finger sprain. The claimant had undergone at least 6 sessions of therapy since July 2014. Therapeutic response and therapy notes are not provided. The therapy should be contiguous. It has been over 5 months since the prior therapy. There is no indication that the therapy cannot be completed at home. The request for 12 additional visits exceeds the guideline recommendations. The request for additional physical therapy is not medically necessary.