

Case Number:	CM15-0113409		
Date Assigned:	06/19/2015	Date of Injury:	08/20/2013
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old, male who sustained a work related injury on 8/20/13. He was lifting a hand truck when he crushed his right hand. The diagnoses have included right ring finger proximal interphalangeal joint sprain, flexion contracture and mild peripheral interphalangeal joint arthritis. Treatments have included use of splints, hand therapy and medications. In the Initial Orthopedic Consultation note dated 5/20/15, the injured worker complains of right ring finger deformity. He complains the right ring finger would not straighten. He states this has been going on for two to three months. Upon examination, he is unable to straighten his right ring finger. He has swelling of right ring finger. The treatment plan includes a request for a right ring finger release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve initial post operative occupational therapy sessions for the right ring finger, three times per week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand (Acute & Chronic) Chapter, Physical/ Occupational therapy.

Decision rationale: Based on the 04/21/15 progress report provided by treating physician, the patient presents with locked right ring finger, status post crush injury to right hand. Patient denies pain, numbness or tingling in finger. The request is for TWELVE INITIAL POST OPERATIVE OCCUPATIONAL THERAPY SESSIONS FOR THE RIGHT RING FINGER, THREE TIMES PER WEEK FOR FOUR WEEKS. Patient's diagnosis per Request for Authorization form dated 05/21/15 includes right ring finger proximal interphalangeal joint flexion contracture. Physical examination on 04/21/15 revealed contracture of right finger causing significant limitation in extension of right finger at PIP. Treatment to date have included use of splints, hand therapy and medications. Patient's medications include Nabumetone. The patient is working regular duty, per 05/20/15 report. MTUS pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) Chapter under Physical/ Occupational therapy indicates: "Trigger finger (ICD9 727.03): Post-surgical treatment: 9 visits over 8 weeks." Per 05/20/15 report, the patient "had a course of hand therapy," and was "off-work for the injury." Per 05/20/15 report, the patient states "two or three months ago ...the right ring finger would not straighten." The patient has a return of symptoms with locked right ring finger, for which a short course of physical therapy would be indicated. However, treater has not provided a precise treatment history, nor discussion on efficacy of prior therapy. Furthermore, there is no indication that surgery has been authorized to warrant this post-operative request. In addition, the request for 12 sessions of physical therapy would exceed guideline recommendations for the patient's condition. Therefore, the request IS NOT medically necessary.