

Case Number:	CM15-0114225		
Date Assigned:	06/22/2015	Date of Injury:	04/04/2014
Decision Date:	07/23/2015	UR Denial Date:	05/15/2015
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 56 year old male who sustained an industrial injury on 04/04/2014. Mechanism of injury was not documented. Diagnoses include status post right 5th digit extensor tenolysis and capsulotomy. Treatment to date has included surgery, physical therapy, and home exercises. A physician progress note dated 04/14/2015 documents the injured worker has no significant discomfort. Palm is a bit calloused. Range of motion PIP A=P=50-60. Despite good intraoperative gains with 90-degree range of motion at the PIP joint, has relapsed and developed essentially a fixed contracture. An additional procedure to attempt to increase range of motion again is not recommended. However if the injured worker thinks he would benefit from being able to make a full fist then arthrodesis could be entertained and I would recommend obtaining a second opinion prior to embarking upon surgery. Work status at this time is unrestricted. Treatment requested is for Additional Occupational Therapy, 4 sessions, Right Hand/Digit, Right Middle Digit, and Right Hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy, 4 sessions, Right Hand/Finger, Right Middle Finger, Right Hand: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under Physical/ Occupational therapy.

Decision rationale: The patient presents with right hand (digit) pain. The request is for additional occupational therapy, 4 sessions, right hand (digit), right middle (digit), right hand. The request for authorization is not provided. The patient is status-post right 5th digit extensor tenolysis and capsulotomy. Physical examination reveals warm, well perfused hand. No signs of infection. Palm incision a bit calloused. Patient reports not much improvement but no significant discomfort. Patient is still doing exercises as instructed. Unfortunately, despite good intraoperative gains with 90 degrees ROM at the PIP joint, has relapsed and developed essentially a fixed contracture. Per progress report dated 04/14/15, the patient work status is unrestricted. ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under Physical/ Occupational therapy states: "ODG Physical/Occupational Therapy Guidelines allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. Fracture of one or more phalanges of hand (fingers) (ICD9 816): Minor, 8 visits over 5 weeks Post-surgical treatment: Complicated, 16 visits over 10 weeks." Treater does not discuss the request. Per progress report dated 02/13/15, the patient completed 9 of the 12 authorized treatments of Occupational Therapy. ODG guidelines recommend up to 16 visits for post-surgical treatment. The request for 4 additional sessions of Occupational Therapy is within guidelines. Therefore, the request is medically necessary.