

Case Number:	CM15-0118767		
Date Assigned:	06/29/2015	Date of Injury:	12/03/2014
Decision Date:	08/05/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/19/2015

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: Pennsylvania, Ohio, 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 50 year old male, who sustained an industrial injury on 12/03/2014. He has reported injury to the left hand. The diagnoses have included laceration of the metacarpophalangeal joint with a comminuted fracture of the third metatarsal and a non-displaced fracture of the base of the adjacent phalanx; status post left third metacarpal open reduction internal fixation, open treatment of open fracture proximal phalanx left long finger, and left long finger extensor tendon repair zone four; and hand pain and edema postoperative along with reduction in range of motion of the middle fingers of the left hand. Treatment to date has included medications, diagnostics, physical therapy, occupational therapy, home exercise program, and surgical intervention. A progress note from the treating physician, dated 05/19/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of residual stiffness at the metacarpal joint of the left long finger, and proximal interphalangeal joints and distal interphalangeal joints of all fingers of the left hand. Objective findings included left hand has no signs of redness, swelling, or discoloration; the scar of the dorsal aspect of the long finger is healing nicely there is no evidence or hypertrophic scar; there is no tenderness to palpation; range of motion is decreased; Jamar grip strength is decreased on the left; and he has made adequate progress on his occupational therapy, and it will be beneficial to him to continue with another cycle of therapy two times a week for four weeks. The treatment plan has included the request for occupational therapy 2 times a week for 4 weeks left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 4 weeks left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.