

Case Number:	CM15-0119772		
Date Assigned:	06/30/2015	Date of Injury:	03/31/2015
Decision Date:	07/29/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 55 year old female, who sustained an industrial injury on 3/31/15. She has reported initial complaints of a crush injury to the right index finger. The diagnoses have included right index finger laceration and open fracture of the right index finger. Treatment to date has included medications, off work, diagnostics, labs, bracing, splinting, surgery, and physical therapy. Currently, as per the physician progress note dated 3/31/15, the injured worker complains of crush injury to the right index finger. The pain is noted to be rated 9/10 on pain scale. She also states that she hit her head. The physical exam reveals a laceration over the distal phalanx and radial deviation of the tip of the finger. There is a superficial abrasion to the left palm. The diagnostic testing that was performed included x-rays of the right index finger. There is previous physical therapy sessions noted. The physician requested treatment included Occupational Therapy every other day x6 weeks for the right index finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy every other day x6 weeks for the right index finger: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy every other day time six weeks for the right index finger is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are fractured distal right index finger. The date of injury is March 31, 2015. The injured worker underwent open reduction internal fixation April 7, 2015. The injured worker had removal of K wire May 28, 2015. There was a progress note visit #1 occupational therapy dated June 18, 2015. There were no additional occupational therapy progress notes in the medical record. The request for authorization was the June 9, 2015. The most recent progress note dated June 11, 2015. The most recent progress note did not contain evidence of objective functional improvement from prior physical therapy/occupational therapy. The total number of occupational therapy sessions to date is not documented in medical record. Consequently, absent clinical documentation with the total number of occupational therapy sessions and evidence of objective functional improvement, occupational therapy every other day times six weeks for the right index finger is not medically necessary.