

Case Number:	CM15-0178999		
Date Assigned:	09/21/2015	Date of Injury:	02/20/2015
Decision Date:	10/23/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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 49 year old female who sustained an industrial injury on 02-20-2015. According to a progress report dated 08-05-2015, the injured worker reported that she still had a lot of tenderness in the joint particularly when she knocked on doors. She did delivery, so she was knocking on doors a lot. She was concerned that her range of motion was not improved and she continued to have pain. She was currently not seeing hand therapy. The hand looked normal in general. The provider noted that other than the fact there was some radial collateral ligament swelling, the PIP joint looked fairly normal. She lacked about 20 degrees full composite extension and approximately 1 centimeter from the distal palmar crease. During her last visit, she was about 1.25 centimeters from the distal palmar crease. The provider noted that there was improvement. The joint was not tender upon palpation. Impression included a PIP joint fracture-dislocation. The provider noted that more therapy would be appropriate since she had not reached her maximum medical improvement and the joint was still interfering with her work. On 08-28-2015, Utilization Review non-certified the request for continued occupational therapy, left 5th proximal interphalangeal, 2 times a week for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued occupational therapy, left 5th proximal interphalangeal, 2 times a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Forearm, Wrist, & Hand Procedure Summary online version, updated 06/29/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand chapter and pg 62.

Decision rationale: According to the guidelines, fracture of the phalanges can require up to 16 sessions of physical occupation therapy. In this case, the claimant had a laceration and fracture of the phalnges with dislocation. The claimant had undergone approximately 18 session of therapy. There is no indication that additional therapy cannot be completed at home. The request for additional 18 sessions of occupational therapy is not medically necessary.