

<b>Case Number:</b>	CM15-0064540		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	10/29/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 39-year-old male who sustained an industrial injury on 10/29/14. He sustained a severe crushing injury to the left hand with open fracture of the left ring finger, tendon and nerve involvement, and 20 cm laceration. He underwent open reduction and internal fixation of the open fracture of the left ring finger proximal phalanx with mini-plate and screws, complex laceration repair, nail bed repair left thumb, neurolysis of both digital nerves of the left ring finger, and repair of the proximal extensor tendon left ring finger on 10/29/14. The 2/26/15 treating physician report cited left ring finger inflammation with repetitive use of the hand, limited flexion due to thickness of scar, and pain and sensitivity of the left thumb nail bed with limited flexion. Physical exam documented thickening, swelling, and limitation of the motion of the left ring finger primarily in the proximal segments. There was skin contracture along the palmar surfaces across the metocarpophalangeal and proximal interphalangeal joints. There was limited extension and he lacked 2 cm tip to palm flexion. The plate was palpable beneath the dorsal skin. There was a very tender irregular area along the radial aspect of the thumbnail, which was irregular and thickened. The treating physician documented a plan of care that included additional surgery and associated services. The 3/10/15 utilization review certified a surgical request for removal of plate and screws from the proximal phalanx left ring finger, Z-plasty repair of the palmar scar left right finger, and nail and nail bed revision left thumb. The request for post-op occupational therapy 2 times per week for 8 weeks was modified to post-op occupational therapy 2 times per week for 6 weeks.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **POST-OP OCCUPATIONAL THERAPY 2X/8WKS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for fracture of one or more phalanges of the hand (fingers) suggest a general course of 16 post-operative visits for complicated cases over 8 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 8 visits. If it is determined additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 3/10/15 utilization review modified this request for 16 post-op visits to 12 post-op visits. There is no compelling reason to support the medical necessity of post-op occupational therapy beyond guideline-recommended initial treatment and the care currently certified. Therefore, this request is not medically necessary.