

Case Number:	CM15-0091744		
Date Assigned:	05/18/2015	Date of Injury:	01/25/2014
Decision Date:	06/29/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/12/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 46 year old male patient who sustained an industrial injury on 01/25/2014 with a traumatic right hand laceration complicated by infection and stiffness for which surgical flexor tenolysis and manipulation were performed on 10/6/14. A primary treating office visit dated 12/01/2014 reported the patient with subjective complaint of continued pain at the digit, along with hypersensitivity. He feels that his motion is improving with using a stress ball. He is continuing with therapy at this time. Objective findings showed the right index finger traumatic wound surgical incision to be healing nicely. He is hypersensitive to light touch and scratch at the tip of the digit with hyperemia at the pulp of the index finger. He is diagnosed with right index finger complex laceration, complicated by infection, delayed healing with tendon adhesions, status post flexor tenolysis and manipulation under anesthesia. The plan of care noted the patient to continue with aggressive therapy for scar massage, edema control, and follow up in one month. By 03/12/2015, the patient had subjective complaint of continued with morning stiffness to the index finger. There is good sensation at the fingertip, along with persistent weakness and limited range of motion. There is no change to the treating diagnoses. The plan of care involved: additional therapy sessions. On April 9, 2015, the treating surgeon noted motion had been static/unimproved for 3 months and the injured worker was discharged as maximally treated/permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy Evaluation (Qty 1) & Occupational Therapy, 3 times per wk for 2 wks, for Right 2nd Finger: Upheld

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

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

Decision rationale: This appears to be a request for review of an old denial of therapy no longer recommended by the treating surgeon. Records reviewed from the treating surgeon carefully document motion in the injured finger on multiple occasions such as November 3, 2014, February 11, 2015, March 12, 2015 and in the final report of April 9, 2015. The motion measurements are consistent with the treating surgeon's conclusion that motion recovery plateaued. The California MTUS would support up to 30 visits of therapy over 6 months in a postsurgical physical medicine treatment period of 8 months. We are now outside of that window and there is no reasonable expectation that additional therapy would bring about substantial functional improvement. Rather as the treating surgeon documented and noted in his final report of April 9, 2015, there had not been functional improvement in several months and no further treatment was expected to bring about substantial functional improvement. The request is not medically necessary.