

<b>Case Number:</b>	CM15-0094876		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 36 year old male, who sustained an industrial injury on 8/26/2014. Diagnoses include laceration of the flexor digitorum profundus and flexor digitorum superficialis to the middle finger, laceration of the ulnar digital nerve and possibly of the radial digital nerve to the middle finger, and cutaneous laceration of the volar index finger. Treatment to date has included surgical intervention (9/23/2014) and hand therapy. Per the Primary Treating Physician's Progress Report dated 4/06/2015, the injured worker was status post surgery on 9/23/2014. He has increased range of motion since the last visit. Physical examination revealed 0-65 degrees proximal interphalangeal joint range of motion and 0-10 degrees distal interphalangeal joint. The plan of care included rubber band traction and additional occupational therapy. Authorization was requested for occupational therapy (2x6) for the left middle finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Hand Therapy 2 x 6 to the Left Middle Finger:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99, Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** Continued Hand Therapy 2 x 6 to the left middle finger is not medically necessary per the MTUS Guidelines. The post surgical guidelines recommend up to 30 visits for zone 2 for flexor tendon repair for up to 6 months. The MTUS recommends up to 10 visits for this condition beyond the post op period. The documentation is not clear on how much therapy the patient has had in the past. Additionally, the patient is now out of the post op period and 12 visits would exceed guideline recommendations. Therefore, the request for continued hand therapy is not medically necessary as written.