

<b>Case Number:</b>	CM15-0096077		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	02/06/2015
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 24-year-old male, who sustained an industrial injury on 2/16/2015. He reported accidentally closing a vault door on his left fourth finger. The injured worker was diagnosed as having left ring finger amputation. Treatment to date has included partial amputation and revision amputation on 3/06/2015, occupational therapy, and medications. Currently, the injured worker reported excellent range of motion, with only mild hypersensitivity on the tip of the digit. He returned to his usual and customary duties and was attempting some sporting activities. Exam of the left hand and ring finger noted a well healed amputation site, with excellent contours of the residual digit. Sensation was intact on both the radial and ulnar aspect of the fingertip. There was some hypersensitivity on the radial aspect of the digit, improving as expected. He had excellent range of motion and was easily able to make a composite fist with 5-/5 grip strength. It was documented that the mild hypersensitivity would likely die down on its own over the next weeks to months. He was able to continue working without formal restrictions. The treatment plan included 1 mini massage for home desensitization. The rationale for the requested treatment was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mini massage for home desensitization:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Durable medical equipment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, p98-99.

**Decision rationale:** The claimant sustained a work injury in February 2015 and underwent a left fourth finger partial amputation with revision done on 03/06/15. He had postoperative therapy. When seen, he was having hypersensitivity, which was improving as was his range of motion. He was able to work without restrictions. There was minimally decreased strength. In this case, the claimant has already had post-operative therapy. Compliance with a home exercise program would be expected and would not require specialized equipment. A Mini Massage unit is not medically necessary.