

Case Number:	CM13-0010254		
Date Assigned:	12/11/2013	Date of Injury:	03/30/2013
Decision Date:	03/14/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

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 patient has filed a claim for hand and wrist pain reportedly associated with an industrial injury of March 30, 2013. Thus far, the patient has been treated with the following: Apparent diagnosis with a comminuted fracture of the fifth metacarpal; casting; six sessions of occupational therapy during the acute phase of the injury; and work restrictions. In a Utilization Review Report of August 1, 2013, the claims administrator partially certified a request for 12 sessions of physical therapy as four sessions of physical therapy, citing non-MTUS ODG Guidelines. The patient subsequently appealed. In a December 28, 2013 office visit, it is stated that the patient is not working because light duty is not available, complains of decreased strength and stiffness in the hand, and exhibits 4/5 muscle strength. The patient was asked to pursue additional occupational therapy as of that point in time. A rather proscriptive 5-pound lifting limitation was imposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for occupational therapy 2 x per week for 6 weeks for the right hand: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: While the patient may have had six sessions earlier in the course of the claim, he had not had any previous treatment during the chronic pain phase of the injury. Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines supports a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts. While this 12-session course of treatment does represent treatment slightly in excess of the guideline, partial certifications are not permissible through the Independent Medical Review process. Given the patient's age, stiffness, persistent pain complaints, delayed recovery, etc., physical therapy on the order of that proposed by the attending provider does appear to be appropriate. Therefore, the request is certified as written.