

Case Number:	CM13-0016138		
Date Assigned:	12/18/2013	Date of Injury:	06/06/2013
Decision Date:	04/10/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 6/6/13. A utilization review determination dated 7/30/13 recommends modification of occupational therapy from 12 sessions to 6 sessions as no therapy had been done as of yet. 7/15/13 medical report identifies pain only when the patient hits it on something. On exam, there is a small 0.5 cm region of scab still present in the middle of the laceration, and there is full fluid ROM of the finger and hand. Occupational Therapy (OT) 2 x 6 was recommended. 7/19/13 letter identifies that the patient is beginning to show a large amount of scar and range of motion (ROM) is still painful. The provider is hopeful that further hand therapy will help scar management and decrease the need for possible further surgery and scar revision and to help in the scar-remodeling phase.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface and Forearm, Wrist, and Hand Complaints Chapter, Physical therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface and Forearm, Wrist, and Hand Complaints Chapter, Physical therapy

Decision rationale: Regarding the request for occupational therapy (OT) 2 x 6, California MTUS does not specifically address the issue. OGD recommends a 6-visit trial of therapy, with up to 9 total sessions. The previous utilization review modified the request to certify 6 initial sessions of OT. Within the documentation available for review, there is no clear rationale for 12 sessions of OT and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested occupational therapy 2 x 6 is not medically necessary.