

<b>Case Number:</b>	CM13-0029397		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	04/30/2013
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a 57 year old man with a date of injury of 4/30/13. He is status post 20 session of occupational therapy after having closed reduction and pinning of an particular fracture of the proximal phalanx of his right ring finger with subsequent pin removal. He was seen by his occupational therapist on 9/5/13 and he had limited composite flexion/grasping, weakness and moderate pain with use/rest. He had made progress with range of motion, decreased edema minimally and grip strength. At issue in this review is 8 additional sessions of occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OCCUPATIONAL THERAPY RIGHT HAND #8.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 98-99. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 98-99

**Decision rationale:** This injured worker has already received 20 certified sessions of occupational therapy after a finger injury with surgical correction. The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus

active self-directed home Physical Medicine. In this injured worker, after 20 sessions of occupational therapy as a treatment modality, a self-directed home program should be in place. The records do not support the medical necessity for an additional 8 occupational therapy visits in this individual with chronic pain. Therefore request no medically necessary.