

<b>Case Number:</b>	CM13-0036467		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 and is licensed to practice in Florida and 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:

This injured worker sustained an injury on 11/16/11, while performing his occupation as a machinist (R hand became stuck in machine that cuts boxes) and necessitated extensive surgery of the right hand on 11/16/11 which included repairs, incision and draining, and release. Despite this original surgery ROM remained diminished, contractures continued and function was severely impaired. Initial OT evaluation of 5/31/13 revealed that the IW underwent on 04/12/13 a release with split thickness skin graft (STSG) and on 05/10/13 the IW underwent debridement and STSG. It was noted that the claimant underwent 34 post op OT sessions prior to these two surgeries. After these two surgeries the injured workers hand demonstrated diminished ROM of multiple fingers and wrist and additional OT was requested with the goal of increasing the ROM of the affected region in order for the IW to write.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy for the Hand, once a week for (6) weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand - Therapy.

**Decision rationale:** Initial Occupational Therapy (OT) evaluation of 5/31/13 revealed that the injured worker underwent on 04/12/13 a release with split thickness skin graft (STSG) and on 05/10/13. The injured worker underwent debridement and STSG. It was noted that the claimant underwent 34 post op OT sessions prior to these two surgeries. After these two surgeries the injured worker's hand demonstrated diminished range of motion (ROM) of multiple fingers and wrist and additional OT was requested with the goal of increasing the ROM of the affected region in order for the injured worker to improve function including writing. The guidelines support ongoing therapy if the injured worker has further functional goals and new clinical status such as this injured worker has. Specifically, he underwent additional surgery on 04/12/13 and 05/31/13 and has a post op condition which necessitated the request. Therefore, the request is medically necessary.