

Case Number:	CM13-0067811		
Date Assigned:	01/03/2014	Date of Injury:	11/15/2012
Decision Date:	04/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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 Orthopaedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 patient is a 24-year-old male who reported an injury on 11/05/2012. The mechanism of injury was not specifically stated. The patient is diagnosed with right upper extremity pain, right elbow lateral epicondylitis, right elbow/forearm chronic strain, right wrist ganglion cyst, right wrist rule out nerve entrapment, status post right index finger mass surgical excision on 01/24/2013, gastritis, sleep disorder and depression/anxiety. The patient was seen by [REDACTED] on 11/06/2013. The patient reported persistent pain over the right upper extremity. Physical examination revealed tenderness to palpation over the proximal dorsal forearm, tenderness over the medial and lateral epicondyle, tenderness over the right index finger and proximal interphalangeal joint, swelling and limited flexion. Treatment recommendations included an additional 8 sessions of occupational therapy for the right hand and right finger.

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 EIGHT (8) WEEKS FOR THE RIGHT HAND AND FINGER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active, self-directed home physical medicine. As per the documentation submitted, the patient has previously participated in a course of occupational therapy for the right hand. However, there is no documentation of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.