

Case Number:	CM14-0101952		
Date Assigned:	07/30/2014	Date of Injury:	11/23/2013
Decision Date:	10/10/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	07/02/2014

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 Therapy and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 55 years old male with an injury date on 11/23/2013. Based on the 02/05/2014 progress report provided by [REDACTED], the patient complains of left index and middle finger pain. Physical exam reveals mild swelling at the left index and middle finger. Tenderness to palpation and decreased sensation to light touch are noted at the tips of both fingers. The tip to distal palmer crease distance is roughly 6 cm. Past X-ray and today X- ray show ununited full fractures at the tip of both fingers. The 02/19/2014 report indicates a laceration is noted on the upper extremities; it is approximately distal tuft lac with swelling and tenderness but no erythma, calor. The patient's diagnosis is laceration on the hand. There were no other significant findings noted on this report. The utilization review denied the request on 05/29/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/23/2013 to 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS- LEFT HAND/WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- FOREARM, WRIST, & HAND

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99; 8.

Decision rationale: According to the 02/05/2014 report by [REDACTED] this patient presents with left index and middle finger pain. The treater is requesting occupational therapy 2 times a week for 6 weeks for the left hand/wrist. The utilization review denial letter states "the patient reportedly completed 10-12 therapy visits to date for the left wrist and hand." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of reports show that patient has had completed 10 of 12 visits as of 05/07/2014 and the treater states, "beginning to progress and Pt. will need many more visits for the RTW goal." Unfortunately, MTUS allow up to 10 sessions for the type of condition this patient is suffering from. The treater does not explain why the patient is not able to transition in to a home program as recommended by MTUS. Recommendation is for denial.