

Case Number:	CM14-0103107		
Date Assigned:	07/30/2014	Date of Injury:	02/03/2014
Decision Date:	09/23/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/03/2014

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 Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 44-year-old male who reported an injury on 02/03/2014. The mechanism of injury was not provided. On 06/11/2014, the injured worker presented with complaints related to the right upper extremity. Upon examination, the right upper extremity had mild proximal digital swelling that extended to the IP joint of the right 4th and 5th digits. There was PIP joint effusion. There is no ecchymosis or erythema and the entire right hand remained tender. There are reports of inability to move the right shoulder, right forearm, right wrist or fingers without significant pain. There is diminished light touch sensation to the right upper extremity. The diagnoses were contusion of finger and place of occurrence was industrial place and premises. The provider recommended occupational therapy for the right hand and wrist and a fabricated splint for the right hand and wrist. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, right hand wrist qty 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of occupational therapy, the amount of occupational therapy visits that the injured worker underwent was not provided. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process and there are no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request for Occupational therapy, right hand wrist qty 12.00 exceeds the guideline recommendations. Therefore, Occupational therapy, right hand wrist qty 12.00 is not medically necessary.

Fabricated splint, right hand wrist qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The California MTUS ACOEM Guidelines state prolonged splinting leads to weakness and stiffness. It would, however, be the first line treatment for carpal tunnel syndrome, de Quervain's or strains. There is lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendation for a splint. Additionally, the guidelines state prolonged splinting will lead to weakness and stiffness. As such, the request for fabricated splint, right hand wrist qty 1.00 is not medically necessary.