

Case Number:	CM14-0105937		
Date Assigned:	07/30/2014	Date of Injury:	04/29/2014
Decision Date:	08/29/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 injured worker is a 54-year-old male who reported an injury on 04/29/2014. The mechanism of injury involved a fall. The current diagnosis is right 4th metacarpal base fracture, status post open reduction and pinning. The injured worker was evaluated on 05/29/2014. It was noted that the injured worker was 2 weeks status post open reduction and internal fixation (ORIF). The injured worker presented with minimal pain over the base of the small finger. The current medication regimen includes Vicodin. Physical examination was not provided secondary to the injured worker's right upper extremity cast. Treatment recommendations included a follow up visit with the orthopedic surgeon and authorization for occupational hand therapy 2 to 3 times per week times 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational therapy right hand x 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 20.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means 1-half of the number of visits specified in the general course of therapy for the specific surgery in

the postsurgical physical medicine treatment recommendations. As per the documentation submitted, the injured worker is status post open reduction and pinning of the right 4th metacarpal base fracture. The California MTUS Guidelines state postsurgical treatment following a fracture of the metacarpal bone includes 16 visits over 10 weeks. Therefore, the current request for 12 sessions of additional occupational therapy cannot be determined as medically appropriate. Additionally, there was no evidence of the previous course of occupational therapy with documentation of objective functional improvement. Based on the clinical information received, the request is not medically necessary.