

Case Number:	CM14-0106021		
Date Assigned:	07/30/2014	Date of Injury:	12/17/2013
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
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 Illinois. 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 27-year-old female who reported an injury on 12/17/2013. The mechanism of injury was not stated. Current diagnoses include status post osteotomy of the right index middle phalanx on 03/03/2014, healed fracture of the distal tuft of the right thumb and long finger, and history of right wrist pain. The injured worker was evaluated on 06/05/2014 with complaints of prominence in the dorsal aspect of the DIP joint. Physical examination revealed minimal swelling of the right index finger and a well-healed surgical incision. Treatment recommendations included continuation of occupational therapy. A Request for Authorization form was then submitted on 06/11/2014 for 8 sessions of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of post-op occupational therapy (2x4) for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 18-22.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one-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 has participated in occupational therapy. However, there was no documentation of the previous course of occupational therapy with evidence of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate in this case. As such, the request for 8 sessions of post-op occupational therapy (2x4) for the right hand is not medically necessary.