

Case Number:	CM14-0010499		
Date Assigned:	02/21/2014	Date of Injury:	07/16/2012
Decision Date:	06/25/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine 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 male with date of injury 7/16/2012. Per orthopedic surgical consultation report, the injured worker complains of intermittent pain in his right hand. He is not able to make a fist. His right hand small finger is painful when he tries to close it. He feels very little numbness in his right hand. He has loss of strength. On exam there is diminished light touch in the right ulnar nerve distribution. The examination is otherwise normal. X-ray of right hand shows a healed right small finger proximal phalanx fracture. Diagnoses include status post right ring and small finger crush injuries, status post right small finger proximal phalanx fracture and rule out right ulnar nerve injury, right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 SESSIONS OF OCCUPATIONAL THERAPY FOR THE WRIST AND HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

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

Decision rationale: The physical exam is notable for diminished sensation to light touch in the right ulnar nerve distribution. The injured worker's injury occurred over a year prior to this

request, and the fracture of the right small finger proximal phalanx has healed. There is no report of deformity or recent surgery. Per the California MTUS guidelines, occupational therapy is recommended, and patients are expected to continue active therapy at home as an extension of the treatment process. The injured worker has already completed a course of therapy, and subsequently should be prepared to continue a home exercise program for further rehabilitation. The request for 18 sessions of occupational therapy for the wrist and hand is determined to not be medically necessary.