

<b>Case Number:</b>	CM14-0123796		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/11/2004
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Family 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:

This is a 67 year old male with a 2/11/04 injury date. He sustained a left hand/wrist injury (amputation of the hand) while cutting a 2X4 board with a skill saw. In a follow-up on 6/30/14, subjective complaints were left hand/arm pain, stiffness, and weakness. Objective findings were positive Tinel's sign over the left wrist median nerve, significant stiffness and atrophy in the left wrist and hand, diminished sensation in the median nerve distribution, diminished grip and pinch strength on the left hand, and slight stiffness and weakness in the left shoulder with some pain during range of motion. Diagnostic impression: left hand/wrist skill saw injury s/p multiple procedures, left hand/wrist complex regional pain syndrome (CRPS), posttraumatic stiffness, deconditioning. Treatment to date: physical therapy, occupational therapy, medications, multiple left hand/wrist surgeries including replantation surgery. A UR decision on 7/14/14 denied the request for left hand/wrist occupational therapy on the basis that the patient has already had 252 occupational therapy visits and therefore should be adequately trained and well-versed in a home exercise program.

### 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 for the left hand/wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand Chapter.

**Decision rationale:** CA MTUS does not address this issue. ODG states that 48 occupational therapy visits are allowed over 26 weeks after post-replantation surgery after hand amputation. In the present case, the patient has well exceeded these limits, and there is not additional documentation or rationale that justifies further occupational therapy visits. The patient has a 2004 date of injury and has had 252 occupational therapy sessions, and it is unclear at this point why he is not independent with a home exercise program. In addition, there is no clear documentation provided that shows functional improvement from prior sessions. Therefore, the request for occupational therapy 2 times a week for 6 weeks for the left hand/wrist is not medically necessary.