

Case Number:	CM14-0127169		
Date Assigned:	08/13/2014	Date of Injury:	09/09/2013
Decision Date:	10/03/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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 patient is a 53-year-old male who has submitted a claim for fracture of metacarpals associated with an industrial injury date of 9/9/2013. Medical records from 9/13/13 up to 7/8/14 were reviewed showing continued stiffness in his right hand. He was s/p hardware removal in the right 3rd, 4th, and 5th metacarpals with extensor tenolysis. Physical examination revealed tenderness over the dorsal sensory branch of the ulnar nerve with positive Tinel's sign. He was reluctant to use his hand, although he was able to obtain passive flexion at the 4th and 5th MP joints to 70 degrees. Treatment to date has included hardware removal, physical therapy, nerve blocks, Voltaren, Prilosec, and Menthoderm. Utilization review from 7/31/2014 denied the request for Outpatient occupational therapy to the right hand two times a week over six weeks. The patient has completed 22 post-op physical therapy sessions. Based on the records, this patient should be able to transition to a home exercise program by now.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Occupational Therapy to the Right Hand two times a week over six weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Physical Therapy

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. As per ODG, 16 visits over 10 weeks are recommended for post-surgical therapy. In this case, the patient has completed a total of 22 physical therapy sessions post-operatively. The patient should be started on a home exercise program by now. There is no discussion as to why deviation from guidelines is warranted. Therefore the request for Outpatient Occupational Therapy to the Right Hand Two Times a Week over Six Weeks is not medically necessary.