

<b>Case Number:</b>	CM14-0160918		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management 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 24-year-old male who sustained an injury on 5/22/12. As per the 9/15/14 hand-written PR2 report, he presented with pain and tenderness to the right hand. Examination revealed limited range of motion of the right hand. There were no diagnostic studies documented. As per the 3/17/14 initial consultation report extensor tenolysis followed by immediate occupational therapy was recommended but it is not clear from the available documents if he has had this procedure. He has received PT/OT for his right hand and additional OT has been recommended for strengthening. The therapy notes indicated that his range of motion has been improving from the therapy. There was no other information documented from the available reports. Diagnoses include status post right 5th metacarpal fracture and tendon adhesion secondary to a crush injury. The request for occupational therapy for the right hand, three times weekly for four weeks was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy for the right hand, three times weekly for four weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, it appears that the IW has already received unknown number of physical therapy; yet, there is no record of progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Additional physical (occupational) therapy visits would exceed the guidelines recommendations. Therefore, the request is considered not medically necessary in accordance to guidelines.