

Case Number:	CM14-0183994		
Date Assigned:	11/10/2014	Date of Injury:	06/28/2012
Decision Date:	12/15/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/04/2014

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 American Board of Internal 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 (IW) is a 44-year-old man who sustained an industrial injury when his hand was pinched between a mobile ladder and a turnbuckle flat bar while at work. The injury occurred on June 28, 2012. Pursuant to the progress note dated October 3, 2014, the IW complains of increased swelling within his hand. He has been doing a little bit more work and increased his lifting to 10-15 pounds. There is still some sensitivity near the proximal aspect of the incision and a feeling of fatigue towards the end of the day. Objective physical finding revealed tenderness about the proximal aspect of the incision. Impression: Ongoing stiffness with scar sensitivity and numbness in the dorsal second web status post hardware removal from the right hand. Current medications were not documented. There were several occupational therapy (OT) notes in the medical record from March of 2014 to October of 2014. The total number of OT sessions is unclear from the documentation provided. The provider is recommending continued OT sessions, and the IW was instructed to comply with previous restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of occupational therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational Therapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, an additional six sessions of occupational therapy is not medically necessary. ODG recommends allowing for fading treatment frequency (from up to three visits or more per week to one or less), plus active self-directed home physical therapy. In this case, review of the primary treating physician's progress report dated October 3, 2014 indicates the injured worker is here for follow-up and discomfort. Physical examination shows a well healed surgical incision. He has good range of motion. There is some tenderness about proximal aspect of the incision. Good excursion is appreciated. Impression states ongoing stiffness with scar sensitivity and numbness in the dorsal second web status-post hardware removal from the right hand. And the plan is to continue some therapy. There are no objective functional findings in the treating primary physician's progress notes indicating how long and how many physical therapy treatments are indicated from this point forward. Utilization review physician requested additional information on a letter dated October 17, 2014. The letter stated information was lacking in necessary to evaluate the request. There was no response in the medical record to the additional/insufficient information requested. Consequently, additional six sessions of occupational therapy is not medically necessary. Based on clinical information the medical record and peer-reviewed evidence-based guidelines and additional successions of occupational therapy is not medically necessary.