

Case Number:	CM14-0022690		
Date Assigned:	06/13/2014	Date of Injury:	06/16/2012
Decision Date:	08/05/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 53-year-old male who reported an injury on 06/16/2012. The mechanism of injury was not provided for clinical review. The diagnoses included failed left hand surgery, mallet deformity of the left ring finger. Previous treatments included physical therapy, x-rays, medication. The clinical note dated 01/15/2014 reported the injured worker complained of intermittent moderate left hand and wrist pain aggravated with gripping and grasping objects. The physical examination of the left hand/wrist revealed a mallet deformity of the ring finger. The provider indicate the injured worker had weakness in grip strength noted. The provider indicated the injured worker had restricted range of motion due to complaints of pain. The provider requested for occupational therapy for the left hand. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) occupational therapy visits 2x per week for 4 weeks to the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 2- Summary of Recommendations.

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

Decision rationale: The injured worker complained of intermittent moderate left hand and wrist pain, aggravated with gripping and grasping objects. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion. The guidelines allow for fading of treatment frequency plus active self directed home physical medicine. The guidelines note for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. There is lack of documentation indicating the injured worker's previous course of physical therapy including the amount of visits as well as the efficacy of the prior therapy. There is lack of documentation including significant objective findings indicating the injured worker had decreased functional ability. Therefore, the request for 8 occupational therapy visits 2 times a week for 4 weeks to the left hand is non-certified.