

Case Number:	CM14-0028483		
Date Assigned:	06/20/2014	Date of Injury:	04/20/2009
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 43-year-old female who reported an injury on 04/20/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 12/04/2013 indicated the injured worker was post surgery internal derangement and status post surgery to her right hand. The injured worker reported continued pain. The clinical note dated 02/05/2014 reported the injured worker reported frustration and substantial loss of function and strength to the wrist. On examination, the injured worker had weakness and loss of range of motion to the right wrist. The clinical note dated 03/05/2014 indicated the injured worker started occupational hand therapy. The clinical note dated 03/27/2014 indicated the injured worker reported occupational therapy had been helpful. The injured worker reported the therapist provided the injured worker with an additional splint that the injured worker had used regularly. The injured worker reported the therapist felt that more therapy would be helpful. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The provider submitted a request for additional occupational therapy 1 time per week for 12 weeks for the right hand. The medication regimen included ibuprofen. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OCCUPATIONAL THERAPY 1X12 FOR THE RIGHT HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Evidence citations for occupational therapy. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workmans Compensation, Forearm, Wrist and Hand Procedure Summary.

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

Decision rationale: The request for additional Occupational therapy 1x12 for the right hand is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state that therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The Official Disability Guidelines recommend therapy after surgery. There is a lack of a physical examination with residual deficits to warrant additional therapy. In addition, the documentation submitted did not indicate the number of sessions of occupational therapy that the injured worker attended. Furthermore, the documentation submitted did not indicate quantified pain relief with the occupational therapy. Furthermore, the request for 12 additional weeks of therapy would exceed the recommended guidelines. Therefore, the request for additional occupational therapy 1 times 12 for the right hand is not medically necessary.