

Case Number:	CM14-0067178		
Date Assigned:	07/11/2014	Date of Injury:	05/16/2006
Decision Date:	09/11/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/12/2014

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, 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:

This is a patient with a date of injury of 5/16/06. A utilization review determination dated 4/16/14 recommends non-certification of OT. 4/4/14 medical report identifies right hand and middle finger pain 9/10 with medications. Medications are not effective. Patient had hand surgery in 2007. On exam, there is right anterior pollicis brevis weakness 4/5. There is diminished sensation to light touch over all digits of the right hand. Jamar grip strength is 20/25/25 right and 40/50/0 left. There is tenderness of the distal third digit and palmar aspect of the MCP area of the third digit. Therapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy x 6 sessions for Right distal long finger and Right palm pain:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Regarding the request for occupational therapy, California MTUS supports up to 10 sessions and cites that "patients are instructed and expected to continue active therapies

at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is a history of hand surgery. Recently, the patient has 9/10 pain that is not responsive to medications with tenderness, diminished sensation, and weakness noted on exam. There is no indication of recent therapy. A few sessions are appropriate to decrease pain, improve strength, and progress the patient back into an effective home exercise program. In light of the above, the currently requested occupational therapy is medically necessary.