

Case Number:	CM14-0086132		
Date Assigned:	07/23/2014	Date of Injury:	11/21/2013
Decision Date:	09/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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 Interventional Spine 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 patient is a 48 years old male with an injury date on 11/21/2013. Based on the 04/09/2014 progress report provided by [REDACTED], the diagnosis is status post revision amputation right index finger. According to this report, the patient complains of post-op hand pain. Subjective, objective and exam findings were not provided in the file. [REDACTED] is requesting occupational therapy 3 times per week for 6 weeks for right index finger. The utilization review denied the request on 05/21/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/15/2014 to 04/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 3 x week X 6 weeks Right Index Finger: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, & Hand Page(s): 18-20.

Decision rationale: According to the 04/09/2014 report by [REDACTED] this patient presents with post-op hand pain. The patient is status post revision of the right index finger amputation on

03/31/2014. The physician is requesting post-op occupational therapy 3 times per week for 6 weeks for the right index finger, but the treating physician's report and request for authorization is not included in the file. Regarding post-amputation of the finger therapy treatments, MTUS Guidelines recommend 14 visits over 3 months. The requested 18 sessions of post-op therapy exceeds what is allowed by the MTUS Guidelines. As such, the request is not medically necessary.