

Case Number:	CM14-0086237		
Date Assigned:	07/23/2014	Date of Injury:	09/09/2013
Decision Date:	09/25/2014	UR Denial Date:	05/28/2014
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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 53 year-old individual was reportedly injured on 9/9/2013. The mechanism of injury is not listed. The most recent progress note, dated 6/12/2014 indicates that there are ongoing complaints of right hand pain/stiffness. The physical examination demonstrated positive tenderness of the dorsal sensory branch of the ulnar nerve with a positive Tinnel's sign in the right hand. The patient had passive flexion at the 4th and 5th MP joints to 70. No recent diagnostic studies are available for review. Previous treatment includes surgery, medications, and conservative treatment. A request had been made for occupational therapy of the right hand 2 times a week for 6 weeks #12 sessions and was not certified in the pre-authorization process on 5/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Occupational Therapy (OT) to the right hand two (2) times a week over six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official disability guidelines, Treatment Workers Compensation, 2014 web- based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5-2.html".

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: It is noted injured worker underwent removal of hardware the right hand on 3/31/2014. The treating physician is requesting #12 sessions of physical therapy. At this point time the patient is 3 months status post-surgery. There is no documentation concerning previous occupational therapy. Guidelines do authorize 6 visits of physical therapy to document decrease in pain improvement in function. The treating physician has requested #12 visits which exceed guideline recommendations. Therefore this request is deemed not medically necessary.