

Case Number:	CM15-0003982		
Date Assigned:	01/15/2015	Date of Injury:	06/01/2013
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male who reported an injury on 06/2013. The mechanism of injury was not provided. His diagnoses include crush injury of the right upper extremity and neuropraxia of the right median, ulnar, and radial nerves. Past treatments were noted to include an unspecified number of occupational therapy. On 12/11/2014, it was noted the injured worker had no further improvement in function since occupational therapy. It was also noted that his motion was relatively the same. Upon physical examination, it was indicated the injured worker had a resting hyperextended posture to his right thumb and was able to abduct and adduct minimally to all digits. MCP joint range of motion for the right index finger measured 74 degrees, middle finger 66 degrees, ring finger was 66 degrees, and small finger was 50 degrees. The treatment plan was noted to include occupational therapy as there has been marginal improvement in range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand occupational therapy x 12; right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 99, 8.

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

Decision rationale: According to the California MTUS Guidelines physical medicine is recommended to restore functions such as range of motion motor strength. The guidelines also indicate that no more than 10 visits should be necessary unless exceptional factors are notated. The clinical documentation submitted for review indicated the injured worker has participated in previous occupational therapy for the right hand though the exact number of sessions was not specified. It was noted the injured worker had continued decreased function; however, there was no rationale as to why the injured worker was unable to participate in an unsupervised home program to restore the remaining deficits. Consequently, the request is not supported. As such, the request for Hand occupational therapy x 12; right upper extremity is not medically necessary.