

<b>Case Number:</b>	CM15-0188048		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	01/27/2015
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, Hawaii

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 51 year old male, who sustained an industrial injury on 1-27-2015. The injured worker is being treated for right 4th extensor tendon partial laceration-hand stiffness. Treatment to date has included activity modification, sutures, medication and prior physical therapy (16 visits as of 7-02-2015) and occupational therapy (12 visits between 5-04-2015 and 6-02-2015). Per the Primary Treating Physician's Progress Report dated 7-06-2015 the injured worker presented for complaints referable to the right hand. He reported continued pain, swelling and weakness in the hand. He reports doing well. He has completed his therapy and still feels that he has not gotten complete strength back. He rates his pain as 1 out of 10. He is not taking any medication for pain at this time. Objective findings included a laceration approximately 1.5 cm over the dorsal ulnar aspect of the hand. This is healed but he has some sensitivity to palpation. There is palpable prominence in this area with range of motion of the finger. Work status was modified. The plan of care included 12 additional sessions of occupational therapy. Authorization was requested on 9-01-2015 for 18 visits of occupational therapy (3x6). On 9-14-2015, Utilization Review non-certified/modified the request for 18 visits of occupational therapy (3x6).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy, OT 3 times 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Physical/Occupational therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Medical records indicate the patient has complaints of pain, swelling, and weakness in the right hand. The current request for consideration is occupational therapy, 3 x 6. The CA MTUS does recommend physical/occupational therapy for chronic pain at a decreasing frequency with a transition into fully independent home-based exercise. The CA MTUS recommends for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the records indicate that the patient has completed 32 physical medicine sessions to date. The 6/9/15 progress report indicates that physical therapy has not been helpful. The current request for 18 additional physical therapy sessions exceeds guideline recommendations. Additional physical/occupational therapy may be indicated with documentation of increased functional benefit. The provider provides no indication of increased functional benefit and range of motion is considered normal. The available medical records provide no support or justification for ongoing supervised physical/occupational therapy instead of transitioning the patient into independent home-based exercise. The current request is not medically necessary.