

Case Number:	CM15-0205281		
Date Assigned:	10/22/2015	Date of Injury:	06/19/2015
Decision Date:	12/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 24-year-old who has filed a claim for chronic hand pain reportedly associated with an industrial injury of June 19, 2015. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve a request for six sessions of occupational therapy for the hand. The claims administrator referenced an August 27, 2015 office visit in its determination. The claims administrator contended that the attending provider failed to furnish a clear record of what treatment or treatments had transpired through the date of the request. The applicant's attorney subsequently appealed. On August 27, 2015, the applicant reported complaints of hand pain. The applicant had recently had a cast removed, it was reported. The applicant had sustained multiple fractures of the hand. The applicant exhibited mild limitations in all digits of the hand. The applicant had x-rays of the hand demonstrating healing fracture at the second metacarpal base, healing nondisplaced thumb fracture, and callus formation about the second metacarpal. The applicant was placed off of work, on total temporary disability while Voltaren, Protonix, and occupational therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy right hand 3 times a week for 4 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

Decision rationale: Yes, the request for 12 sessions of occupational therapy was medically necessary, medically appropriate, and indicated here. While the approval represents extension of treatment beyond the initial and follow-up visits suggested in the MTUS Guideline in ACOEM Chapter 11, Table 11-4, page 264 for education request, evaluation request for transitioning purposes for applicants with forearm, wrist, hand complaints, as were seemingly present here. Here, however, the applicant had degree of impairment beyond encapsulated in the guideline. The MTUS Guideline in ACOEM Chapter 3, page 48 notes that the value of physical therapy increases with the prescriptions for the same, which "clearly states treatment goals." Here, the applicant was described on August 27, 2015, having recently had a cast removed. The applicant had sustained multiple digital fractures and had associated range of motion deficits present about the same, the treating provider reported on August 27, 2015. Moving forward with the 12-session course at issue was, thus, indicated to ameliorate the same. Therefore, the request was medically necessary.