

Case Number:	CM15-0037114		
Date Assigned:	03/05/2015	Date of Injury:	02/10/2014
Decision Date:	04/16/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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

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 45 year old male who sustained an industrial related injury on 1/17/14 due to pulling a handle on a trailer. The injured worker had complaints of neck pain, right shoulder pain, headaches, and numbness and tingling down the right arm. Diagnoses included crushing injury of fingers. Treatment included excision debridement of the right long finger, diffuse atrophy of the distal radial joint, and 14 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy times 18 visits right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Forearm, Hand & Wrist Chapter, Physical Therapy.

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

Decision rationale: The patient complains of pain in the right hand, rated at 6/10, that is aggravated with movement, as per progress report dated 01/06/15. The request is for

OCCUPATIONAL THERAPY TIMES 18 VISITS RIGHT HAND. The RFA for the case is dated 11/06/14, and the patient's date of injury is 02/10/14. The patient is status post excision debridement of right middle finger. Diagnoses, as per progress report dated 12/02/14, included traumatic laceration of the right hand and disuse atrophy of the right hand. The patient is off work, as per progress report dated 01/06/15. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has undergone physical therapy and occupational therapy in the past. As per progress report dated 12/17/14, the patient has received 14 sessions of physical therapy which "helped with headaches and numbness and tingling down his arm." In progress report dated 12/02/14, the treater states that occupational therapy helps with range of motion of hands, digits and less pain. The treating physician is, therefore, requesting 18 additional visits. MTUS, however, recommends only 8-10 visits of occupational therapy in non-operative case. Hence, the request IS NOT medically necessary.