

<b>Case Number:</b>	CM15-0047374		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Family Practice

### 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 was a 28 year old male, who sustained an industrial injury, August 14, 2014. The injured worker suffered a left wrist laceration with tendon injuries. The injured worker previously received the following treatments left hand surgery with tendon and nerve repairs, occupational therapy evaluation and 22 sessions of occupational therapy and home exercise program. The injured worker was diagnosed with left wrist laceration, left extensor digitorum communis tendon II-V laceration, left extensor indicis proprius laceration and left extensor digiti minimi laceration. According to progress note of November 14, 2014, the injured workers chief complaint was limited range of motion to the fingers due to intrinsic tightness. The treatment plan included requesting occupational therapy of 12 sessions for the left hand; 3 times a week for 4 weeks. It was noted that therapy is being performed by a chiropractor. Recommendation was made to discontinue chiropractic treatments and begin physical therapy by a hand therapist. Examination noted extensor tightness across the wrist and hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy , 12 session, to the left hand 3 x 4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** The injured worker is status post left hand surgery with tendon and nerve repairs. Post operative therapy has been performed by a chiropractor and the injured worker remains with extensor tightness across the wrist and hand. The treating physician is requesting therapy to be performed by a hand therapist. Given the extent of the injured worker's injuries and given the deficits despite multiple post operative treatments, the request for therapy to be initiated by a hand therapist is supported. The request for Occupational Therapy , 12 session, to the left hand 3 x 4 is medically necessary.