

Case Number:	CM15-0055408		
Date Assigned:	03/30/2015	Date of Injury:	05/11/2014
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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, North Carolina
 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 is a 49 year old female, who sustained an industrial injury on May 11, 2014. She reported a left hand injury. The injured worker was diagnosed as having a crushing injury of hand, left had fracture by history, status post left hand surgery secondary to crush injury, status post possible open reduction and internal fixation of left wrist, and possible chronic regional pain syndrome. Treatment to date has included x-rays, splinting, electrodiagnostic studies, surgery with postoperative therapy, physical therapy, transcutaneous electrical nerve stimulation (TENS), and medications including pain and non-steroidal anti-inflammatory. On March 2, 2015, the treating physician reports improving discomfort and range of motion of the left hand. The physical exam revealed full composite flexion and extension of all of the left hand digits, no color or temperature changes, mild tenderness of the left proximal palm, full left wrist range of motion, and decreased left grip. The treatment plan includes occupational therapy 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, three times a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand; Physical/Occupational therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm/wrist/hand.

Decision rationale: CA MTUS/ACOEM does not address this request of occupational therapy three times/week for four weeks. The ODG does recommend occupational therapy for nine visits over eight weeks in some patients. Thus the request for twelve visits exceeds the guidelines. The patient suffered a crush injury to the left hand on May 11, 2014. Her last visit to her provider on 3/2/2015 noted that she had full flexion and extension of all digits of the left hand and full range of motion of the left hand. Therefore, the medical documentation does not support the request for additional occupational therapy at this time. The request is not medically necessary.