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| <b>Case Number:</b>   | CM15-0056958 |                              |            |
| <b>Date Assigned:</b> | 04/01/2015   | <b>Date of Injury:</b>       | 12/23/2014 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/25/2015 |

### 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: 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 injured worker is a 56 year old male, who sustained an industrial injury on December 29, 2014. The injured worker reported pain in face, chest and right hand. The injured worker was diagnosed as having closed metacarpal fractures right hand. Treatment and diagnostic studies to date have included splint, open reduction internal fixation (ORIF) of right hand, stitches, occupational therapy and medication. A progress note dated February 26, 2015 provides the injured worker complains of right hand pain. Physical exam notes decreased range of motion (ROM) of the hand and fingers with continued swelling. The plan includes medication, and occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 (3X4) additional Occupational therapy visits:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS Guidelines support 16 sessions of post operative therapy as reasonable for this individuals condition. At the time of the request for an additional 12 sessions of therapy the amount of prior physical therapy is not clear from the records reviewed including the U.R. review. It is evident that he had continued stiffness, diminished ROM and swelling at the time of the request. Given these circumstances, the request for 12 (3x's 4) is medically necessary and appropriate.