

Case Number:	CM15-0057085		
Date Assigned:	04/01/2015	Date of Injury:	05/30/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	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, Indiana, New York
Certification(s)/Specialty: Internal 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 36-year-old male who sustained an industrial crush injury to on May 30, 2013. The injured worker was diagnosed with posttraumatic crush injury to right hand and right long trigger finger. The injured worker is status post excision of a dermal lesion/mass right little finger (no date documented) followed by post-op physical therapy/occupational therapy and a right long trigger finger release January 12, 2015 followed by post-op physical therapy/occupational therapy. There is no physician documented after the second surgical intervention. The occupational therapy report on January 29, 2015 documents the injured worker had mild tingling of the right long finger, mild swelling and decreased range of motion and strength. Current medications were not listed. Treatment plan consists of continue home exercise program and the current request for additional occupational therapy of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy 2 times 3 to right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Physical Therapy, Occupational Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional occupational therapy two times per week times three weeks to the right hand is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right crushed hand injury; right skin sensation disturbance; old foreign body soft tissue right and right long trigger finger release January 12, 2015. The medical record contains 21 pages. The most recent progress note of the medical record is dated September 2, 2014. This progress note predates the surgery. The total number of physical therapy/occupational therapy visits is not documented. There are no contemporaneous progress notes on or about the date of request for authorization (March 9, 2015) or subsequent to that date. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy. There is no documentation demonstrating objective functional improvement in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement, additional occupational therapy two times per week times three weeks to the right hand is not medically necessary.