

Case Number:	CM15-0085486		
Date Assigned:	05/07/2015	Date of Injury:	06/30/2014
Decision Date:	06/24/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/04/2015

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: Emergency 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 (IW) is a 38 year old male who sustained an industrial injury on 06/30/2014. He reported a fracture and laceration of the right thumb and wrist. The injured worker was diagnosed as having a fractured thumb. Treatment to date has included surgery, occupational therapy, and medication management. Currently, the injured worker complains of decreased fine motor coordination in right upper extremity and related stiffness and soreness in right shoulder and elbow and cervical spine. He has grip strength of 16 lbs. on the right. He is able to carry 15 lbs. in each hand without pain for 75 feet. His quick dash disability score has improved from 77 to 45. He demonstrated 65 lbs. grip strength in right compared to 60 in left. He is able to bear weight through the right upper extremity for at least 30 seconds during functional tasks without pain, and was not able to do this on evaluation. Per patient, he was required to lift up to 50 lbs. at work on a frequent basis at his previous job. An additional Occupational Therapy three times a week for three weeks for the right thumb is requested.

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 three weeks for the right thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Chapter 6, page 114.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (Total number over 38) was completed and had reported objective improvement. There is no rationale as to why patient cannot perform home-directed therapy with skills taught during PT sessions after so many sessions. There is no documentation as to why home directed therapy and exercise is not sufficient. Patient has had extensive OT and has had some improvement in strength and function. However, OT is no supposed to continue indefinitely and documentation fails to support additional OT sessions. Additional 9 physical therapy sessions are not medically necessary.