

Case Number:	CM15-0087203		
Date Assigned:	05/11/2015	Date of Injury:	07/03/2013
Decision Date:	06/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old male, who sustained an industrial injury on 7/3/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having numerous right hand/digit surgeries, status post amputation of the right long finger through the proximal phalanx, post-traumatic stiffness, right wrist and forearm strain, right shoulder adhesive capsulitis and trapezial and paracervical strain. There is no record of a recent diagnostic study. Treatment to date has included surgery, 35 prior occupational therapy sessions and medication management. In a progress note dated 4/1/2015, the injured worker complains of increasing pain and stiffness in the right hand that radiates to the right arm. The treating physician is requesting 12 sessions of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy (OT) 2 x 6 = 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 19.

Decision rationale: The claimant is nearly 2 years status post work-related injury to the right hand. He underwent right third finger surgeries in July 2013, November 2013, and in 2014, and ultimately an amputation at the PIP level in January 2015. Treatments have included post-operative occupational therapy with 14 sessions authorized. When seen, he had mild swelling and stiffness was present throughout the right upper extremity. Guidelines recommend up to 14 treatment sessions over 3 months after the claimant's last surgery. In this case, the number of requested treatments is in excess of that recommendation. Additionally, the claimant has already had post-operative occupational therapy. Compliance with an independent exercise program would be expected and would not require continued skilled therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits which would be essential in managing the claimant's condition. Prior dependence on therapy provided treatments may explain the reason for failure of the procedures performed prior to the amputation. The request is not medically necessary or appropriate.