

Case Number:	CM14-0144204		
Date Assigned:	09/12/2014	Date of Injury:	05/25/2014
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for hand and wrist pain reportedly associated with an industrial injury of May 25, 2014. In a Utilization Review Report dated August 19, 2014, the claims administrator partially certified a request for six sessions of occupational therapy as two sessions of occupational therapy. In an August 11, 2014 progress note, the applicant reported persistent complaints of weakness and stiffness about the injured hand digits 1 through 4. The applicant was off of work, it was acknowledged. The applicant had sustained dislocations and small avulsion fractures of several digits, it was stated. Swelling and limited range of motion about the left long finger was appreciated. Six sessions of occupational therapy and dynamic splinting were endorsed, along with work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Occupational Therapy X6: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264..

Decision rationale: While this does result in extension of treatment beyond the "initial and follow-up visits" recommended in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-4, for education, counseling, and evaluation of home exercise for acute forearm, wrist, and/or hand injuries, as are present here, in this case, the applicant has significant physical impairment which does compel additional treatment. The applicant is not working. The applicant has a physically arduous job as a sheriff. The applicant had multiple digits implicated in the injury, and apparently sustained small avulsion fractures and/or dislocations of several digits. Additional treatment is needed to facilitate the applicant's functional progression. Therefore, the request is medically necessary.