

<b>Case Number:</b>	CM14-0216319		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

MTUS and ODG state regarding wrist occupational therapy; allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. MTUS Postsurgical Treatment Guidelines additionally states, If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. ODG recommends for Amputation of the finger 18 visits over 6 weeks and for Post replantation 36 visits over 12 weeks. The patient was already certified for occupational therapy visits and the patient stated he had attended 10 or 11 therapy sessions. The treating physician did not document functional improvement as a result of the prior therapy visits and did not provide documentation of functional improvement to meet treatment guidelines at this time. Therefore, the request for Eight Sessions of Occupational Therapy to the left hand /fingers is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of Occupational Therapy to the left hand /fingers: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-278, Chronic Pain Treatment Guidelines Occupational Therapy and Physical Medicine Page(s): 74,98-99, Postsurgical Treatment Guidelines.

**Decision rationale:** MTUS and ODG state regarding wrist occupational therapy; allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. MTUS Postsurgical Treatment Guidelines additionally states, If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. ODG recommends for Amputation of the finger 18 visits over 6 weeks and for Post replantation 36 visits over 12 weeks. The patient was already certified for occupational therapy visits and the patient stated he had attended 10 or 11 therapy sessions. The treating physician did not document functional improvement as a result of the prior therapy visits and did not provide documentation of functional improvement to meet treatment guidelines at this time. Therefore, the request for Eight Sessions of Occupational Therapy to the left hand /fingers is not medically necessary.