

Case Number:	CM14-0057962		
Date Assigned:	07/09/2014	Date of Injury:	12/06/2012
Decision Date:	02/05/2015	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family Practice, and is licensed to practice in New Jersey and New York. 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 injured worker is a 58 year-old male who was injured on 12/6/12 when his right hand got caught in a drain. He complained of right third finger swelling, numbness, and right shoulder pain. He was diagnosed with a crush injury with stiff right hand 2-5 finger and low back strain. He had a laceration over the distal interphalangeal joint of the right index finger, laceration over the proximal interphalangeal joint of the left long finger, fracture of the middle phalanx of the index finger and a dislocation of the distal interphalangeal joint of the index finger. An emergency room report states the x-rays did not show a fracture. Additional medical records appear to not confirm any additional fracture. He had right hand surgery. He had 42 physical therapy visits since his injury. He had five occupational therapy visits and went back to work. He had an injection of his right wrist and took anti-inflammatories and narcotics. The current request is for 18 additional occupational therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 3 x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. 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): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist--Physical/Occupational therapy.

Decision rationale: The request for OT is not medically necessary. The patient had laceration and possible fracture of phalanges. The patient had repair and was treated with 5 sessions of occupational therapy which did not provide relief and 42 sessions of physical therapy. MTUS recommends instruction in home exercise, which should have been introduced during his many therapy sessions. ODG guidelines recommend 8 sessions over 5 weeks for fractures of the phalanges. This current request would exceed the maximum number of recommended sessions. Therefore, the request is considered not medically necessary.