

Case Number:	CM15-0014739		
Date Assigned:	02/02/2015	Date of Injury:	11/24/2014
Decision Date:	03/20/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 66 year old male, who sustained an industrial injury on November 24, 2014. She has reported left finger and hand pain with an extensive laceration on the small finger and was diagnosed with fracture of the distal phalanx, open and complex laceration of the finger. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, surgical intervention, conservative treatment modalities, physical therapy, acupuncture therapy, chiropractic therapy pain medications and work modifications. Currently, the IW complains of left finger and hand pain with an extensive laceration on the small finger. The injured worker reported an industrial injury in 2014, resulting in reported left finger and hand pain with an extensive laceration on the small finger. Evaluation on January 27, 2015, revealed mild swelling with healed wounds and tenderness to palpation. On January 13, 2015, Utilization Review non-certified a request for Occupational therapy 1-2 times a week for 4 weeks, TX ACTV DIR PT CNTC PROV EA 15 MIN, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 20, 2015, the injured worker submitted an application for IMR for review of requested Occupational therapy 1-2 times a week for 4 weeks, TX ACTV DIR PT CNTC PROV EA 15 MIN.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 1-2 times a week for 4 weeks, TX ACTV DIR PT CNTC PROV EA
15 MIN:** Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: This 66 year old female has complained of finger and hand pain since date of injury 11/24/14. She has been treated with surgery, acupuncture, chiropractic therapy, medications and physical therapy. The current request is for occupational therapy 1-2 times a week for 4 weeks, TX ACTV DIR PT CNTC PROV. Per the MTUS guidelines cited above, physical modalities, such as massage, diathermy, cutaneous laser treatment, cold laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Limited studies suggest there are satisfying short- to medium-term effects due to ultrasound treatment in patients with mild to moderate idiopathic CTS, but the effect is not curative. Patient's at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. On the basis of the available medical documentation and per the MTUS guidelines cited above, occupational therapy 1-2 times a week for 4 weeks, TX ACTV DIR PT CNTC PROV, is not indicated as medically necessary.