

Case Number:	CM15-0172683		
Date Assigned:	09/14/2015	Date of Injury:	03/13/2015
Decision Date:	10/14/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This 52 year old man sustained an industrial injury on 3-13-2015 after his right hand was pulled into a machine and rotated the hand and fingers. The worker received medical attention two weeks later including oral medications, x-rays and a splint. Evaluations include undated right wrist x-rays, right index finger x-rays, right long finger x-rays, and right wrist MRI dated 6-4-2015. Diagnoses include right wrist sprain, right index finger distal interphalangeal joint fracture-crush injury, distal interphalangeal arthrosis, right long finger distal interphalangeal joint sprain, and distal phalanx fracture. Treatment has included oral medications and physical-occupational therapy. Physician notes on a PR-2 dated 7-23-2015 show complaints of right hand pain rated 3 out of 10. The physical examination shows declining pain to the right index finger and wrist, no physical deformities noted to the hand or wrist, mild tenderness to the ulnar and triangular fibrocartilage complex, range of motion is decreased and painful, and motor strength is normal. Recommendations include activity modifications, ice, elevation, physical-occupational therapy, home therapy program, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition (web), 2007, Arm and hand - Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Hand chapter and pg.

Decision rationale: According to the guidelines, minor fractures and hand injuries allow for up to 8 sessions of therapy. In this, case, the claimant has already undergone at least 5 sessions of therapy and there is no indication that additional therapy cannot be completed at home. The request for additional 12 sessions of occupational therapy is not medically necessary.