

Case Number:	CM15-0027241		
Date Assigned:	02/19/2015	Date of Injury:	06/30/2014
Decision Date:	04/03/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male who sustained a work related injury June 30, 2014. While working with plumbing and piping, a 30-40 pound pipe fell overhead and landed on his right thumb and hand/wrist region, causing a cut to the skin and a fractured thumb and wrist. He received urgent care treatment and administered tetanus, x-rays and surgery and sent home with a thumb immobilizer for 20-30 days. Hand x-ray 2-views right dated November 14, 2014, revealed findings consistent with previous distal radial fracture and avulsion of the right ulnar styloid process (report present in medical record). According to a team conference rehab physician's note, dated January 16, 2014, the injured worker has improved movement and decreased pain, 7/10 to 4/10, with therapy. Also noted; increase in grip strength from 16 to 50 pounds and able to carry 10-15 pounds approximately 75 feet, full thumb opposition and 50% full range of motion in the right thumb and wrist. Treatment plan included request for authorization for additional occupational therapy treatments, 15 visits. According to utilization review dated February 2, 2015, the request for Occupational Therapy 3 x 5 Right Thumb has been modified to Occupational Therapy x 8 for the Right Thumb, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 3x5 for the Right Thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: The patient presents with right hand/ thumb fracture. The request is for 15 sessions of occupational therapy for the right thumb. The utilization review letter on 02/02/15 indicates that the patient has had 18 sessions of occupational therapy since November 2014. Three physical therapy reports are provided indicating that the patient's pain has dropped from 7/10 to 4/10 and there is increase in grip strength. The one report provided by the treater does not mention any surgery in the past, but the X-ray of hand report on 11/14/14 indicates the patient has had a surgery and the name/date of surgery are not known. Because the treater's reports do not mention surgery date, it is not known whether or not the current request within post-operative time-frame but the patient appears to have had hand surgery recently. Post-operative therapy treatments MTUS guidelines page 18-20 allow for 16 sessions for thumb fracture surgery. In this case, the patient already had 18 sessions of therapy and the treater does not explain why additional therapy is being asked for. The therapy reports seem to indicate improvement but additional therapy needs are not discussed. There does not appear to be any extenuating circumstances requiring additional therapy and the patient should be able to transition into a home exercise program. The current request for 15 additional therapy would exceed what is allowed for this type of surgery. The request is not medically necessary.