MAXIMUS Federal Services

Case Number:	CM15-0042115		
Date Assigned:	03/12/2015	Date of Injury:	08/27/2014
Decision Date:	05/13/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/05/2015

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 28 year old male, who sustained an industrial injury on August 27, 2014. He reported a left hand crush injury. The injured worker was diagnosed as having status post left fifth metacarpal fracture. On August 27, 2014, he underwent a left hand laceration irrigation/debridement, closed reduction/percutaneous pinning of the left hand fracture, and application of a splint. On September 5, 2015, he underwent an open reduction and internal fixation of the left metacarpal-V and splint application. Additional treatment to date has included off work, MRI, proper biomechanics education, home exercise program, nighttime resting splints, postoperative physical therapy, and pain, antibiotic medications, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On February 17, 2015, the injured worker complains of left hand pain. There was no documented physical exam. The treatment plan includes starting occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, left hand 2 times per week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient is status post irrigation/debridement of the left hand on 08/27/14 and left metacarpal ORIF on 09/05/14 following a laceration and fracture on 08/27/14. The current request is for OCCUPATIONAL THERAPY LEFT HAND 2 TIMES PER WEEK FOR 3 WEEKS. The Request for Authorization is dated 12/01/14. The MTUS page 98-99 states under Post-Surgical Treatment Guidelines for Elbow & Upper Arm: "Fracture of radius/ulna (ICD9 813): Postsurgical treatment: 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months." The Utilization review letter dated 03/02/15 states that the patient was authorized 12 post-operative physical therapy sessions. There are no physical therapy reports provided for review and the objective response to therapy was not documented in the medical reports. The patient complains of residual pain following his surgery. In this case, a short course of additional 4 sessions may fall within the recommendation set forth by MTUS; however, the request for additional 6 sessions exceeds what is allowed by MTUS. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested occupational therapy IS NOT medically necessary.