

Case Number:	CM13-0003354		
Date Assigned:	12/04/2013	Date of Injury:	11/08/2011
Decision Date:	01/28/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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 claimant is a 49-year-old female who was injured in work related accident 11/08/11. Records for review indicate that following a course of conservative care, surgery took place in the form of a CMC joint arthroplasty on 01/17/13. This was for the claimant's left thumb. Postoperative records for review include a 07/29/13 assessment stating the claimant was six and half months following her surgical procedure. There was documentation of 24+ sessions of therapy at that time. Objectively there was a well healed scar at the base of the thumb with marked decreased sensitivity to light touch. Motion was nonpainful. Claimant was diagnosed status post hemiarthroplasty left thumb CMC with history of right thumb osteoarthritis. She was referred for electrodiagnostic studies given continued complaints that were consistent with carpal tunnel at that time. There was also request for an additional eight sessions of occupational therapy to the wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

occupational therapy 2 times a week times 4 weeks, for the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS postsurgical rehabilitative guidelines, continued occupational therapy for eight additional sessions in this case would not be indicated. Following arthroplasty of the wrist or digit, 24 sessions of therapy over an eight week period of time are supported. The postsurgical physical medicine treatment period is that of four months. At present claimant is now 11 months following time of surgical process having already attended 24 sessions of documented therapy to date. The specific request for continuation of therapy at this stage in the clinical course of care would not be indicated.