

Case Number:	CM13-0013008		
Date Assigned:	09/18/2013	Date of Injury:	05/17/2006
Decision Date:	01/09/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/12/2013

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 Occupational Medicine, 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.

CLINICAL CASE SUMMARY

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

Thus far, the applicant has been treated with the following: Analgesic medications; electrodiagnostic testing apparently notable for bilateral carpal tunnel syndrome, moderate left cubital syndrome; right carpal tunnel release surgery in 2006; right trigger finger release surgery in 2006; left carpal tunnel release surgery in 2009; multiple trigger finger release surgeries in 2009; transfer of care to and from various providers in various specialties; unspecified amounts of occupational therapy over the life of the claim; a left fourth digit DIP pin removal surgery on June 5, 2013; 8 to 16 sessions of postoperative therapy following the left fourth digit DIP hardware removal surgeries; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 9, 2013, the claims administrator partially certified six additional sessions of physical therapy out of 12 being sought by the attending provider. The applicant's later appealed the decision. The most recent note on file appears to be a June 14, 2013 handwritten orthopedic progress note suggesting that the applicant is status post left fourth digit DIP fusion surgery and subsequent hardware removal. The applicant is asked to remain off of work, on total temporary disability, while pursuing additional therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional occupational therapy sessions: 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: As noted in MTUS 9792.24.3, a general course of treatment following wrist or finger arthroplasty is 24 sessions over eight weeks. In this case, it appears that the applicant received certification for 22 total sessions of postoperative therapy, seemingly consistent with that endorsed in MTUS 9792.24.3. The outcome of the previously certified occupational therapy treatments, however, has not been clearly detailed. It is unclear whether the applicant completed all the therapy previously certified. It is further noted that the claims administrator partially certified six additional sessions of occupational therapy through the utilization review report of August 9, 2013, consistent with the principle articulated in MTUS 9792.24.3.c.4 endorsing gradual reduction in the frequency of treatment. Thus, I have no specific objection to the partial certification issued by the claims administrator. I would not endorse any further treatment beyond that, particularly given the lack of any progress notes detailing or describing the applicant's response to prior treatment. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.