MAXIMUS Federal Services

Case Number:	CM13-0016548		
Date Assigned:	11/06/2013	Date of Injury:	02/19/2013
Decision Date:	09/18/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert 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 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/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:

This is a 52-year-old female with a 2/19/13 date of injury, when she outstretched her left wrist and sustained a fracture. The patient underwent left distal radius fracture repair on 3/4/13. The patient was seen on 5/6/13 with complains of pain in the left upper extremity and decreased range of motion and swelling in the left hand. She reported decreased range of motion in the left thumb, pain in the middle finger and decreased activity in daily living (ADLs) due to pain. Exam findings of the left hand revealed swelling thought left wrist and digits, and decreased range of motion in pronation, wrist flexion/extension and digit flexion and thumb extension. The progress note dated 5/7/13 indicated that the patient underwent 16 postoperative physical therapy sessions to date and still continued to have stiffness in all digits of the left hand with snapping in the middle finger. The physical examination showed mild limitation of all digits of the left hand and wrist with flexion 45 degrees, extension 40 degrees and with full supination and pronation. The progress note dated 7/30/13 stated that the patient underwent tenovaginotomy of the left middle finger 5 weeks ago and accomplished 6 PT visits. She continued to have weakness and soreness in the left hand and wrist. The exam findings revealed mild tenderness with well-healed surgical scar in the left distal palm in the left middle finger, full range of motion in all digits and wrist without snapping or locking in the middle finger. The progress note indicated that the report dated 07/25/13 revealed that the patient demonstrated complains with home exercise program. She still complained of decreased range of motion in the wrist and thumb. The diagnosis is status post closed Colles fracture repair and status post stenosing tenosynovitis of the left middle finger. Treatment to date: medications, left arm splint, 22 sessions of post-op PT, steroid injections and home exercise program. An adverse determination was received on 8/8/14. The determination letter was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITONAL OCCUPATIONAL THERAPY, 3 TIMES A WEEK FOR 4 WEEKS, FOR HE LEFT WRIST/HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114).

Decision rationale: The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The progress notes indicated that the patient accomplished total of 22 sessions of PT to date 7/30/13. The progress note dated 07/25/13 revealed that the patient demonstrated complains with home exercise program. It is not clear, if the patient fully transitioned to an independent home exercise program and there was a lack of documentation with objective functional gains from the previous physical therapy (PT) treatments. There is no rationale with regards to additional sessions of PT. Therefore, the request for additional Occupational Therapy 3x4 for the left hand/wrist was not medically necessary