

Case Number:	CM13-0028400		
Date Assigned:	11/27/2013	Date of Injury:	05/24/2011
Decision Date:	01/30/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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:

This is a 55-year-old female who reported injury on 05/24/2011. The mechanism of injury is reported to be repetitive trauma related to job duties. The subsequent diagnosis was osteoarthritis of the right hand. The patient underwent a right thumb arthrodesis on 10/08/2012. She had a non-healing surgical wound related to the surgery and it was found that a suture was retained. The patient underwent another surgery to remove the suture on 03/18/2013. She continued to have a non-healing surgical wound despite intervention such as debridement and cautery. Therefore, a flap surgery was performed on 10/04/2013. There were no other records for review, to include recent clinical notes

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) occupational therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Drugs.com, Skin Flap Discharge Care

Decision rationale: The Physician Reviewer's decision rationale: California MTUS/AECOM and ODG Guidelines did not address therapy after a skin flap surgery; therefore, an alternate source was supplemented. Drugs.com stated that limiting movement such as stretching, is recommended after skin flap surgery. According to the utilization review dated 08/30/2013, four sessions of occupational therapy were approved. However, there is no documentation that these sessions were initiated, and if so, what kind of progress the patient has made. Without objective documentation showing the patient's progress with the current therapy, medical necessity of the request cannot be determined. As such, the request for 4 occupational therapy sessions is non-certified.