

Case Number:	CM13-0029812		
Date Assigned:	11/01/2013	Date of Injury:	10/13/2011
Decision Date:	05/14/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Service 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 Physical Medicine and Rehabilitation 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/Service. 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 patient is a 62 year-old female who sustained an injury on 10/13/11 while employed by [REDACTED]. Request under consideration include Post-operative occupational therapy (frequency/duration not indicated). Per report of 8/21/13 from [REDACTED], the patient is s/p 1 year post right thumb carpometacarpal arthroplasty, palmaris longus tendon graft, MP fusion, thumb A-1 pulley release and scaphotrapezoidal arthroplasty. Current complaints included left thumb pain 2/5, dull with use; right thumb pain, 4/5 dull with use. Exam revealed left thumb pin sites, thumb and wrist incision well healed with slight swelling, and minimal tenderness; improved motion of thumb IP and CMC joints; full motion of fingers with painful motion of right thumb; no locking of thumb; motor sensory exam of bilateral upper extremities were normal. Treatment plan included surgery (carpometacarpal arthroplasty with CMC mini-tightrope fixation) due to continued pain in the right thumb and wrist and post-operative occupational therapy (frequency/duration not indicated). On 9/6/13, orthopedic physician reviewer, [REDACTED] non-certified the surgical redo, citing guidelines criteria and lack of medical necessity. It was documented that there was no assessment of joint alignment with radiography; no diagnostic injections to determine the pain generator, or specific functional limitations; no range of motion measurements were documented; however, indicated full in all findgers and painful motion of right thumb. Without a more comprehensive description regarding indications for surgical intervention, except for "continued pain", medical necessity has not been established and associated request for post-op Occupational Therapy is also not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE OCCUPATIONAL THERAPY (FREQUENCY/DURATION NOT INDICATED): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-19.

Decision rationale: Per report of 8/21/13 from [REDACTED], the patient is s/p 1 year post right thumb carpometacarpal arthroplasty, palmaris longus tendon graft, MP fusion, thumb A-1 pulley release and scaphotrapezoidal arthroplasty. Current complaints included left thumb pain 2/5, dull with use; right thumb pain, 4/5 dull with use. Exam revealed left thumb pin sites, thumb and wrist incision well healed with slight swelling, and minimal tenderness; improved motion of thumb IP and CMC joints; full motion of fingers with painful motion of right thumb; no locking of thumb; motor sensory exam of bilateral upper extremities were normal. Treatment plan included surgery (carpometacarpal arthroplasty with CMC mini-tightrope fixation) due to continued pain in the right thumb and wrist and post-operative occupational therapy (frequency/duration not indicated). On 9/6/13, orthopedic physician reviewer, [REDACTED] non-certified the surgical redo, citing guidelines criteria and noting it was documented that there was no assessment of joint alignment with radiography; no diagnostic injections to determine the pain generator, or specific functional limitations; no range of motion measurements were documented; however, indicated full in all fingers and painful motion of right thumb. Without a more comprehensive description regarding indications for surgical intervention, except for "continued pain", medical necessity has not been established. Although post-operative occupational therapy is appropriate for the proposed surgical procedure, as the surgery has not been certified, any associated treatment such as the post-op OT is not indicated. The post-operative occupational therapy (frequency/duration not indicated) is not medically necessary and appropriate