

Case Number:	CM13-0038807		
Date Assigned:	01/15/2014	Date of Injury:	09/01/2012
Decision Date:	03/25/2014	UR Denial Date:	10/05/2013
Priority:	Standard	Application Received:	10/25/2013

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 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. 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 61-year-old injured worker with a 9/1/12 date of injury. The patient had right trapeziectomy with mini-tightrope sling arthroplasty and scapho-trapezoidal resection on 5/22/13. There is documentation of subjective findings, lack of extension of the right wrist with radial deviation. Objective findings include tenderness over the thumb; right wrist extension lacking 30 degrees and radial deviation lacking 20 degrees. Current diagnosis includes right hand osteoarthritis. Treatment to date includes 24 post-operative occupational therapy sessions and trigger finger injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative occupational therapy three times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Postsurgical Treatment Guidelines supports 24 visits over 8 weeks and a post-surgical physical medicine treatment period of 4 months in the postoperative management of arthropathy. Within the medical information available for review, there is documentation of a diagnosis of right hand osteoarthritis. In addition, there is documentation of a right trapeziectomy with mini-tightrope sling arthroplasty and scapho-trapezoidal resection on

5/22/13 and 24 post-operative physical therapy sessions completed to date, which is the limit of guidelines. Additionally there is documentation of a 5/22/13 date of surgery; post-surgical physical medicine treatment period exceeds guidelines. The request for physical therapy three times a week for four weeks is not medically necessary and appropriate.