

Case Number:	CM13-0040498		
Date Assigned:	12/20/2013	Date of Injury:	07/13/2012
Decision Date:	08/29/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopaedic 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 47-year-old male [REDACTED] sustained an industrial injury on 7/13/12. The injury occurred secondary to an altercation with a combative patient where his thumb got jammed. He was diagnosed with an ulnar collateral ligament strain and underwent a left ulnar collateral ligament repair on 2/6/13. Records indicated that the patient completed 14 post-operative occupational therapy visits. The 9/18/13 orthopedic report cited left thumb pain that improved from 4/10 to 2/10 with medications. A thumb exam documented limited range of motion, tenderness to palpation over the dorsal compartment, and 4/5 grip strength. The diagnosis was left thumb gatekeeper's injury with ulnar collateral ligament tear, status post reconstruction, and left thumb tendon mass, status post excision. The treating physician reported significant amounts of pain affecting the left thumb with limited motion and grip strength. Additional occupational therapy was requested 2x4. The patient was working full duty. The 10/4/13 utilization review denied the request for additional occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY EIGHT SESSIONS TWO TIMES FOUR FOR THE LEFT THUMB: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Physical Medicine Page(s): 9, 98-99.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired on 8/6/13. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. The patient had completed the recommended general course of postsurgical therapy. He had returned to full duty work. There was non-specific loss of range of motion and 4/5 grip strength documented. Significant pain was reported limiting motion and grip. Guidelines emphasize functional restoration and not elimination of pain. There is no compelling reason to support the medical necessity of continued supervised occupational therapy over an independent home exercise program for further rehabilitation. Therefore, this request for occupational therapy eight sessions, two times four, for the left thumb is not medically necessary.