

Case Number:	CM13-0042054		
Date Assigned:	12/27/2013	Date of Injury:	04/22/2008
Decision Date:	04/18/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/16/2013

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 Family Medicine and is licensed to practice in North Carolina. 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:

The patient is a 46 year-old with a reported date of injury of 4/22/2008. His diagnosis includes osteoarthritis (715.33) and osteoarthritis, local (715.24). Review of the medical records show treatments have included right thumb MP joint fusion on 11/01/2012, arthroplasty of the first CMC joint on 04/09/2009, and occupational therapy. The patient had completed initial occupational therapy for a total of 20 sessions on 07/23/2013 and had been felt to reach maximal therapeutic benefit and discharged with an independent home therapy program. A second physician evaluated the patient on 06/17/2013 and recommended the following in respect to treatment: "ongoing supportive care in the form of anti-inflammatories, splinting, advice regarding hand use and ergonomics, and other supportive conservative care." On 8/27/2013, the patient saw his primary treating physician. He complained of continued thumb pain after his children bumped his thumb while swimming. The physician noted "decreased range of motion in the right CMC joint with x-ray showing stable MCP fusion and a small bone chip". Recommendation included follow up in 8 weeks, vicodin as needed and continued thumb splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) SESSIONS OF OCCUPATIONAL THERAPY FOR THE RIGHT THUMB:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: According to the California MTUS guidelines concerning physical medicine post surgery, the recommendation is for 24 visits over 8 weeks and a treatment period of 4 months. Six months after surgery has been performed the patient would be expected to have returned to a permanent and stationary status. This patient has surgery on 11/01/2012. He had completed 20 sessions of occupational therapy and been discharged after achieving maximal therapeutic outcome. The treating physician had requested additional occupational therapy after a "flare" of his chronic right thumb pain. The only objective findings in his notes were of decreased range of motion. There is no clinical rationale given to support why additional occupational therapy would be beneficial in increasing the patient's function or pain given he had already reached maximal therapeutic benefit from physical therapy and been discharged with a home exercise program to continue independently.