

Case Number:	CM13-0044270		
Date Assigned:	06/09/2014	Date of Injury:	07/27/2011
Decision Date:	07/25/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/28/2013

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 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/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 51 year-old patient sustained an injury on 7/27/11 to the right hand while employed by [REDACTED]. Request under consideration include occupational therapy three times per week for four weeks to the right hand. REport of 6/12/13 from the provider noted patient with right middle finger tenosynovitis with bowstringing. Exam showed persistent bowstringing no consistent with Dupuytren's contracture with limited digit range of motion of right middle finger. Diagnoses included right middle finger flexor tenosynovitis/ flexor tendon bowstringing/ flexion contracture; s/p right middle finger A1 and A2 pulleys releases in 2004. Treatment include surgical reconstruction. The patient remained working full duty. The patient is s/p right middle finger pulley reconstruction and has completed at least 26 post-operative Occupational therapy sessions. There was previous authorization notice for additional 8 OT visits for the right hand dated 7/25/13; however, there was recent denial for additional 12 therapy visits dated 9/10/13. The patient continues to treat for low back, right middle finger and left shoulder complaints. The request for occupational therapy three times per week for four weeks to the right hand was non-certified on 10/17/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY THREE TIMES PER WEEK FOR FOUR WEEKS TO THE RIGHT HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Post-surgical treatment guidelines for pulley reconstruction Flexor tendon repair or tenolysis in Zone 2 and other up to 30 visits over a 6 months for physical medicine treatment period of 8 months. The patient has at least 26 post-op sessions authorized without fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. Submitted reports have not adequately demonstrated specific ADL limitations or functional improvement to support for further therapy beyond this post-surgical period. The occupational therapy three times per week for four weeks to the right hand is not medically necessary and appropriate.