

Case Number:	CM13-0050655		
Date Assigned:	12/27/2013	Date of Injury:	04/21/2010
Decision Date:	08/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand pain associated with an industrial injury date of April 21, 2010. Thus far, the applicant has been treated with analgesic medications; second, third, fourth, and fifth digit trigger finger release surgeries; splinting; 32 sessions of occupational therapy over the course of the claim; and 48 sessions of physical therapy over the course of the claim. It was stated that the applicant had been seen on August 15, 2013 and had mild flexion contractures and edema about the hand and forearm. The applicant was described as having undergone earlier surgery on April 24, 2013. The attending provider stated that earlier occupational physical therapy were of benefit. The applicant's work status was not provided. Twelve additional sessions of treatment were sought. On a progress note of September 26, 2013, the applicant was asked to continue with therapy and continue both topical Dendracin lotion and oral nabumetone. The applicant's work status was not provided. The applicant stated that there was no change in her symptoms or in her examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OCCUPATIONAL THERAPY FOR THE RIGHT HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: The 12 sessions of treatment being requested, in and of itself, represents treatment in excess of the 9 to 10 sessions of treatment recommended for myalgia and myositis by page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. No rationale for further treatment in excess of MTUS parameters was provided. Per the claims administrator, the applicant has had 32 sessions of occupational therapy and 48 sessions of physical therapy over the course of the claim. The applicant's work status, functional status, and response to earlier treatment have not been clearly outlined by the treating providers. No rationale for further treatment in excess of the MTUS parameters was provided. Therefore, the request is not medically necessary.