MAXIMUS Federal Services

Case Number:	CM13-0055096		
Date Assigned:	04/25/2014	Date of Injury:	08/22/2012
Decision Date:	06/11/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/20/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 41 year old female who had a work injury to the left thumb and hand, neck, and left upper extremity dated 8/22/12. The diagnoses includes left carpal tunnel syndrome, left thumb carpometacarpal fracture, and cervical spasm. There is a request for occupational therapy to the left thumb 2 x per week x 6 weeks. The patient has had chiropractic care per documentation as well as 33 post-op OT sessions approved, and unknown number of sessions completed. Per documentation the patient's thumb was injured at work while cleaning a blender/chopper, when it accidently turned on. The patient suffered from a complex laceration and an avulsion fracture versus cortical bone defect. The patient was taken to the operating room that day, and had irrigation/ debridement/ expiration of the wound with repair of multiple lacerations, removal of the nail plate, repair of the collateral ligament to the IP joint, open reduction and repair of the interphalangeal joint, and pulp laceration repair. On 9/19/12, the K-wire was removed and further necrotic tissue was debrided. There is a 10/8/13 handwritten document from an office visit states that the patient complains of pain and decreased range of motion in the left thumb. The objective findings are 0 degrees of range of motion at the IP joint; (illegible)... there is no flexion, and no extension. The plan was to continue OT to the left thumb 2 x per week x 6 weeks. A 4/23/13 document indicates that the patient has trapezius and rhomboid spasm as well as a positive left hand Phalen's, Tinel's sign, and tingling. There is a request for cervical PT 2 x 4 weeks. A 4/22/13 cervical MRI reveals mild cervical hyperlordosis and minor disc bulge at C5-6.A 4/22/13 electrodiagnostic study of the bilateral upper extremities revealed a normal study. Per documentation the patient had completed 24 occupational therapy sessions and was pre-certified for additional occupational therapy x 9 for the left thumb on

11/21/12. There is also a previous partial certification for physical therapy 2 times a week for 6 weeks for cervical spine and Percocet 10/325 x 1 month supply on 02/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY FOR THE LEFT THUMB 2 TIMES PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Postsurgical Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: Occupational therapy 2 x per week for 6 weeks is not medically necessary per the California MTUS guidelines. The patient has had a complex injury to the hand of which would have required intense therapy. The documentation submitted reveals that the patient has had 33 post op sessions already which already exceeds the recommendation of the majority of hand ligament and fracture repair therapy guidelines as noted in the MTUS Post surgical treatment guidelines. There are no recent notes from occupational therapy and no documentation of functional improvement or benefit from prior therapy sessions. Without this documentation a recommendation for an additional 12 sessions of OT cannot be considered medically necessary.