

Case Number:	CM13-0063004		
Date Assigned:	12/30/2013	Date of Injury:	02/01/2012
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 and thumb pain reportedly associated with an industrial injury of February 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; trigger thumb release surgery in December 2012; incision and debridement of a postoperative abscess in January 2013; further flexor tendon surgery in February 2013; thumb reconstruction surgery with grafting in May 2013; and 20 sessions of physical therapy over the life of the claim, per the claims administrator. In a utilization review report of November 26, 2013, the claims administrator denied a request for a total of six sessions of occupational therapy for the right thumb and also denied a physical therapy evaluation. Portions of the utilization review denial were blurred as a result of repetitive photocopying. The utilization reviewer denied the request for occupational therapy on the grounds that it was not stated why the applicant could not continue performing independent home exercises. The applicant's attorney subsequently appealed. A December 4, 2013, letter from the attending provider is notable for comments that the applicant is a former transcriptionist. She has limited thumb range of motion. The applicant's job involves providing transcription for deaf students at local colleges. It is stated that the applicant has residual thumb deficits. She was nevertheless returned to regular work on this date. An earlier November 18, 2013, progress note is again notable for comments that the applicant has limited left thumb abduction despite possessing 5/5 strength. Her ability to perform stenography is diminished. Her speed as a transcriptionist is diminished, it is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy one to two times per week over three to six weeks for a total of six sessions for the right thumb quantity 6: Overturned

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 Physical Medicine Topic Page(s): 90-99.

Decision rationale: While this does result in provision of further treatment beyond the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, both pages 98 and 99 of the Chronic Pain Guidelines do support active therapy, active modalities, home exercises, and applicant-specific hand therapy. In this case, the applicant has significant hand and finger deficits. She is a stenographer/transcriptionist. Her ability to perform her usual and customary occupation has been diminished. She is apparently unable to fully transition to home exercises and/or perform her former occupation as a transcriptionist with the same speed as in the past. Additional physical/occupational therapy is therefore indicated. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.

Physical Therapy evaluation for the right thumb quantity 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic Page(s): 98.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicant-specific hand therapy is very important in helping to improve function, reduce swelling, decrease pain, etc. In this case, given the applicant's residual occupational deficits, physical therapy evaluation to evaluate the said deficits is indicated, appropriate, and supported by page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is certified, on independent medical review.