

Case Number:	CM13-0066272		
Date Assigned:	01/03/2014	Date of Injury:	12/08/2011
Decision Date:	04/09/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 patient is an employee of the [REDACTED] and has submitted a claim for carpal tunnel syndrome and trigger fingers associated with an industrial injury date of December 8, 2011. Treatment to date has included carpal tunnel release, medications, injections, post-operative physical therapy x15, and multiple trigger finger release A utilization review from December 5, 2013 denied OCCUPATIONAL THERAPY (OT) Twelve (12) visits, right hand/finger. Medical records from 2012 through 2013 were reviewed showing the patient complaining of persistent symptoms limiting gripping, typing, driving, lifting, and twisting. The physical therapy is noted to relieve symptoms. Physical exam demonstrated no catching or locking of the digits. The patient is noted to still have significant weakness as well as loss of mobility of the digits despite 15 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY (OT) Twelve (12) visits, right hand/finger: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As stated in the California MTUS Post-Surgical Treatment Guidelines for trigger fingers, postoperative physical therapy is recommended up to 9 visits over 8 weeks for this procedure. The patient has had 15 visits of physical therapy postoperatively but still continues to have symptoms despite an extended course. It is unclear why the patient was not able to transition into an independent home exercise program. Maintenance care is not recommended. Therefore, the request is not medically necessary.