

Case Number:	CM13-0067286		
Date Assigned:	01/03/2014	Date of Injury:	10/26/2010
Decision Date:	04/25/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/17/2013

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 Orthopedic Surgery 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 patient injured the upper extremity in a work-related accident on 10/26/10. The clinical records provided for review included the 12/17/13 assessment that documented a diagnosis of left carpal tunnel syndrome and status post right middle finger trigger release. Twelve sessions of additional physical therapy were recommended. The records revealed that the claimant had a significant course of formal physical therapy since the time of trigger release procedure. However, the specific date of the operative procedure was not noted. There were clinical records dating back to January 2013 indicating physical therapy for the above-mentioned diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 2 TIMES 6 FOR THE RIGHT MIDDLE FINGER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: Based on California MTUS Chronic Pain 2009 Guidelines, continued occupational therapy two times six for the right middle finger at this chronic stage in the claimant's clinical course of care would not be supported. The records indicate that the claimant

has attended a significant course of therapy for nearly a year. The date of the claimant's trigger finger release is not known. There is no documentation of a new injury or new onset of symptoms to warrant continuation of therapy. There is no documentation of objective findings on examination to support the need for continued occupational therapy. The additional twelve sessions of physical therapy in absence of physical examination findings, further injury or trauma, or documentation of other forms of care would not be necessary.