

Case Number:	CM13-0071570		
Date Assigned:	01/08/2014	Date of Injury:	12/13/2011
Decision Date:	06/10/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 case involves a 57 year-old female with a 12/13/2011 industrial injury claim. She has been diagnosed as status post left thumb, 3rd and 4th finger A-1 pulley releases. According to the 11/19/13 orthopedic report, the patient presents with left hand pain 2/5, dull with extremes of motion. She has been going through therapy with improvement but is still stiff. The records show the surgery was performed on 8/20/13. The surgeon requested additional occupational therapy 3x4. UR denied the request on 12/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY (OT) 3 TIMES WEEKLY FOR 4 WEEKS, LEFT HAND:
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: The patient presents with left hand pain. She underwent trigger finger release on the thumb, 3rd and 4th fingers on 8/20/13. She did not start therapy until after 10/3/13. 12 sessions were initially requested, it is not known how many sessions were approved or attended or whether there is any documented functional improvement, but on 11/19/13 an

additional PT x12 sessions were requested. MTUS postsurgical guidelines show the postsurgical treatment timeframe as 4-months. The guidelines state the general course of care for trigger finger is 9 visits over 8 weeks. MTUS requires discontinuing treatment if there is no documentation of functional improvement. MTUS states: "In cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period" There is no documentation of functional improvement in the medical records. The continuation of therapy without documentation of functional improvement is not in accordance with the MTUS guidelines. Therefore, based on guidelines and a review of the submitted documents, the request for Occupational Therapy is not medically necessary.