

Case Number:	CM14-0000643		
Date Assigned:	01/10/2014	Date of Injury:	05/27/2012
Decision Date:	04/22/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Practice, has a subspecialty in Pain Management 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:

The claimant is a 52 year old female who sustained a work injury on 5/27/12 resulting in a right ring and left ring finger injury. In May 2013, she had a trigger finger release procedure. She had additional diagnoses of carpal and cubital tunnel in the right hand. After the surgery she underwent occupational therapy for 8 visits from June 14 to 7/26/13. An exam note on 9/19/13 indicated she also had a stenosing tenosynovitis of the left ring finger. On 11/1/13 the patient indicated she had 5-8/10 pain in the right hand. She had been using a TENS unit and oral analgesics. Continuation of right hand therapy was recommended. A subsequent exam note on 11/11/13 stated that the left ring finger continues to have symptoms but a surgical release procedure was denied. She was unable to lift a gallon of milk. The treating physician requested additional occupational therapy two times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POSTOPERATIVE OCCUPATIONAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE RIGHT RING FINGER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening, Page(s): 125.

Decision rationale: According to the MTUS Guidelines, Work conditioning, Work Hardening Section, "Criteria for admission to a Work Hardening Program: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, (b) Documented on-the-job training (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury." In this case, the claimant had received 8 prior visits of therapy. The additional request is beyond the 2 weeks supported by the guidelines. A defined work goal is also not mentioned. The request for additional post-operative occupational therapy twice a week for six weeks is not medically necessary and appropriate.