

Case Number:	CM14-0003752		
Date Assigned:	02/05/2014	Date of Injury:	07/26/2012
Decision Date:	06/30/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine & 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:

The injured worker is a 51-year-old female who reported an injury on 07/26/2012. The mechanism of injury was not provided in the documentation. Per the progress note dated 12/24/2013, the injured worker underwent right De Quervain's release on 07/07/2013 and release of the tendon sheath to the extensor pollicis brevis tendon on 11/18/2013; the injured worker was presenting for a postoperative visit. The injured worker was advised to increase activity as tolerated. Per the progress note dated 02/05/2014, the injured worker was reported to have tenderness on the right over the first compartment and a positive Finkelstein's. The request for authorization for unknown occupational hand therapy visits was dated 02/05/2014. The provider's rationale for the request for the unknown occupational hand therapy visits was not provided within the documentation. Previous treatments included previous occupational therapy for the right hand and surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN OCCUPATIONAL HAND THERAPY VISITS: Upheld

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

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

Decision rationale: Per the California MTUS Guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines recommend 8 to 10 visits over 4 weeks. In addition, allow for fading of treatment frequency from up to 3 visits a week to 1 or less, plus active self-directed home physical medicine. Per the documentation, the injured worker had already attended an unknown number of occupational therapy sessions; however, there was a lack of clinical documentation regarding those sessions and any increase in functionality related to those visits. The guidelines recommend 8 to 10 visits over 4 weeks; however, documentation was not provided regarding the number of previous visits or the number of weeks attended. The guidelines further recommend participation in an active home exercise program. There was a lack of documentation regarding the injured workers participation in a home-based exercise program. There was a lack of clinical findings regarding functional deficits to either hand. In addition, the request does not specify which hand the therapy is being requested for, or the number of visits and frequency of the visits being requested. Therefore, the request for unknown occupational hand therapy visits is non-certified.