

Case Number:	CM14-0106198		
Date Assigned:	07/30/2014	Date of Injury:	01/01/2013
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/09/2014

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 Illinois. 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 58-year-old male with a reported date of injury on 01/01/2013. The mechanism of injury was reportedly caused by repetitive use. The injured worker's diagnosis included left thumb CMC arthrosis. The injured worker is status post right thumb CMC arthroplasty. Surgical history was not provided within the documentation available for review. The patient complains of weakness in the hand. Upon physical examination of the upper extremities, there was full range of motion in the right wrist and thumb with mild thumb CMC tenderness bilaterally. The progress report dated 05/08/2014 demonstrates less pain with functional use (now up to 3/10, was 5/10) as well as gains in wrist active range of motion. The injured worker continued to demonstrate weakness of pinch and grip as well as moderate difficulties with resisted tasks. The injured worker's medication regimen included ibuprofen as needed. The physician requested additional occupational therapy to improve strength. The Request for Authorization for continued occupational therapy 12 sessions was submitted on 02/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued occupational therapy - 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

Decision rationale: The California MTUS Guidelines recommend physical medicine as indicated. 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The California MTUS Guidelines recommend 8 to 10 visits over 4 weeks. The clinical documentation provided for review indicates that the injured worker has previously participated in 12 occupational therapy visits. The request for an additional occupational therapy visits exceeds the recommended Guidelines. Therefore, the request for continued occupational therapy - 12 sessions is not medically necessary.