MAXIMUS Federal Services

Case Number:	CM14-0011417		
Date Assigned:	02/21/2014	Date of Injury:	07/05/2012
Decision Date:	08/14/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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 and 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 59-year-old female who reported an injury on 07/05/2012 due to a crushing injury to the left hand while at work. The injured worker was diagnosed with open wound finger with tendon, injury to the digital nerve, tenosynovitis to the thumbs, and left hand trigger finger. Conservative care was initiated. The injured worker underwent left hand trigger finger release in 02/2013. Occupational therapy visits continued until 07/2013. Prior treatment included eight occupational therapy treatments, two times a week for four weeks. The injured worker's last occupational therapy session was on 05/16/2013; she was assessed and documented to have reached all goals except pain and grip. Her grip was 15 pounds and listed as adequate for activities of daily living and work. Her pain was reported at 2/10. The injured worker saw her hand surgeon on 05/21/2013. The surgeon noted the trigger finger surgery and post-operative occupational therapy had resolved the trigger finger. The surgeon noted a well healed scar. The injured worker described the pain as very little and was able to make a full grip. The surgeon noted she was permanent and stationary and did not anticipate any future medical care. The last documented office visit was 01/14/2014; the physician noted the injured worker was diagnosed with open wound finger with tendon, injury to the digital nerve, tenosynovitis to the thumbs, and left hand trigger finger. The injured worker gave an unrated complaint of pain to the left hand when gripping. The physician noted a well-healed surgical scar to the little finger on the left hand. There was tenderness upon palpation to the left palmar surface, first dorsal compartment APL and EPB tendon has mild soft tissue swelling, no focal neurovascular deficit was noted, range of motion had decreased, and the injured worker could not make a full fist. The injured worker received a modified return to work authorized for 03/14/2014; modification is for light work duty of left hand. The physician was requesting occupational therapy quantity of 12 which would be two treatments times six weeks to the left hand to focus on symptom relief,

desensitization, and gradual stress training. The Request for Authorization form was signed on 01/15/2014 and submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY QUANTITY 12 (2X6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for occupational therapy quantity 12 (2 times 6) is non-certified. The California MTUS Guidelines recommend allowing for fading of treatment frequency from up to three visits per week to one visit a week or less plus active self-directed home physical medicine. For the injured worker experiencing radiculitis, the guidelines recommend 8-10 visits over four weeks. The injured worker's last occupational therapy session was on 05/16/2013; she was assessed and documented to have reached all goals except pain and grip. At that time her grip was 15 pounds and listed as adequate for activities of daily living and work. Her pain was reported at 2/10. The injured worker saw her physician on 01/14/2014; this is the last documented visit. The injured worker gave an unrated complaint of pain to the left hand when gripping. The physician noted a well-healed surgical scar to the little finger on the left hand. There was tenderness upon palpation to the left palmar surface, first dorsal compartment APL and EPB tendon has mild soft tissue swelling, no focal neurovascular deficit was noted, range of motion had decreased, and the injured worker could not make a full fist. The injured worker received a modified return to work authorized for 03/14/2014; modification is for light work duty of left hand. The physician is requesting 12 additional visits; the injured worker has already received eight visits. The physical therapist's last visit with the injured worker noted a pain scale of 2/10 for the left hand and noted goals of therapy reached except with grip and pain. There is a lack of a recent and complete assessment of the injured worker's current objective functional condition.The request for 12 additional sessions exceeds the guideline recommendations. As such, the request is not medically necessary.