

Case Number:	CM14-0015148		
Date Assigned:	02/28/2014	Date of Injury:	11/20/2010
Decision Date:	06/27/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/06/2014

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 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:

According to the records made available for review, this is a 63-year-old with a November 20, 2010 date of injury, and status post left thumb and long trigger finger releases October 31, 2013. At the time of request for authorization for outpatient post-operative occupational therapy twice per week for six weeks for left hand (January 20, 2014), there is documentation of subjective (pain and mobility improving with therapy) and objective (slight tenderness and stiffness in the left thumb, index, and long fingers without triggering, and diminished grip strength) findings, current diagnoses (status post left thumb and long trigger fingers releases), and treatment to date (activity modification and post-op PT x 12). There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT POST OPERATIVE OCCUPATIONAL THERAPY 2X PER WEEK FOR 6 WEEKS FOR LEFT HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL ENVIRONMENTAL MEDICINE, ,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm/Wrist/Hand

Chapter, Physical Therapy Other Medical Treatment Guideline or Medical Evidence: 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: The Postsurgical Treatment Guidelines identifies up to nine visits of post-operative physical therapy over eight weeks and post-surgical physical medicine treatment period of up to four months. In addition, the Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is one half of the number of sessions recommended for the general course of therapy for the specified surgery. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of status post left thumb and long trigger finger releases on October 31, 2013. In addition there is documentation of twelve post-operative physical therapy visits completed to date, which exceeds guidelines, and objective improvement with previous therapy. In addition, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. The request for outpatient post operative occupational therapy for left hand, twice weekly for six weeks, is not medically necessary or appropriate.