

Case Number:	CM14-0116289		
Date Assigned:	08/04/2014	Date of Injury:	05/30/2000
Decision Date:	09/12/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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 66-year-old female who reported an injury 05/30/2000. The mechanism of injury was not provided within the medical records. The clinical note dated 06/17/2014 indicated diagnosis of status post left trigger thumb release. The injured worker reported persistent pain in her left shoulder and some swelling and pain in the left thumb. The injured worker underwent x-rays of the left shoulder, which revealed calcified tendonitis and type 2 to 3 acromion. Upon physical examination, the impingement sign was positive at the left shoulder. There was slight hypertrophy of the left trigger thumb scar with mild tenderness. There was tenderness and triggering at the A1 pulley of the right thumb with diminished grip strength. The injured worker had been approved for 12 weeks with [REDACTED]. The injured worker's prior treatments included diagnostic imaging, surgery, and physical therapy. The provider submitted a request for occupational therapy. A Request for Authorization dated 06/06 was submitted, however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for 12 sessions in treatment of the left thumb: Upheld

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

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

Decision rationale: The request for occupational therapy for 12 sessions in treatment of the left thumb is not medically necessary. The California MTUS state that 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. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker has significant objective functional improvement with the therapy. In addition, there is lack of documentation regarding a complete physical exam to evaluate for decreased functional ability, decreased range of motion, and decreased strength and flexibility. Moreover, the amount of visits the injured worker previously completed was not provided in the documentation submitted to support additional treatments. Additionally, the request for 12 sessions is excessive. Therefore, the request is not medically necessary.