

Case Number:	CM14-0116880		
Date Assigned:	08/04/2014	Date of Injury:	05/02/2011
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
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 Orthopedic Surgery, has a subspecialty in Hand Surgery, and is licensed to practice in Texas. 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 43-year-old male who reported an injury on 5/2/11. The mechanism of injury was not stated. Current diagnoses include right thumb injury, right thumb localized irregular pain, right thumb IP joint extension contracture with intrinsic tightness, right upper extremity neuritis, right thumb and index finger tendinitis, and status post right thumb capsulotomy. The injured worker was evaluated on 6/9/14. It is noted that the injured worker was status post right thumb capsulotomy of the IP joint, thumb extensor tenosynovectomy, K-wire fixation of the IP joint, and release of the A1 pulley thumb on 6/3/14. Physical examination was not provided on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 occupational therapy sessions with the CHT between 6/23/2014 and 8/30/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 18-22.

Decision rationale: The California MTUS Guidelines state that the initial course of therapy means half of the number of visits specified in the general course of therapy for the specific

surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a trigger finger release includes 9 visits over 8 weeks. Postsurgical treatment following a flexor tenosynovectomy includes 14 visits over 3 months. The current request for 8 occupational therapy sessions exceeds guideline recommendations. There was also no specific body part listed in the request. As such, the request is not medically necessary.