MAXIMUS Federal Services

Case Number:	CM14-0156350		
Date Assigned:	09/25/2014	Date of Injury:	10/28/2010
Decision Date:	12/10/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/24/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 56-year-old male with an injury date of 10/28/2010. According to the 02/12/2014 progress report, the patient has a burning, aching pain in the small finger on the side of his right wrist when pulling his wrist up and down, or especially when pushing on an item with his palm while his wrist is in extension. The patient experiences sharp pain in his right index, middle, and ring finger knuckles when tapping his fingertips on a hard surfaces or when opening and closing his hand. The patient states that he has pain on the palm side of his right forearm when the therapist pushes back on his right fingers. He has pain in the small finger side of his right palm when lifting an object that weighs more than 7 pounds. The patient's right wrist pain awakens him twice a night and it is difficult for the patient to fall asleep. He has numbness in the top of his right hand on the large knuckles in between the knuckles of his right hand index, middle, and ring fingers. No list of diagnosis was provided. The utilization review determination being challenged is dated 08/29/2014. There is one report provided from 02/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post operative occupational therapy visits for the right hand/fingers: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47-48,

270,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Guidelines Page(s): 18-20.

Decision rationale: Based on the 02/12/2014 progress report, the patient complains of having a burning, aching pain in the small finger side of his right wrist when moving his wrist up and down. The request is for 12 postoperative occupational therapy visits for the right hand/fingers. In July 2013, the patient had a release of scar tissue of the right index, middle, and ring fingers. Review of the 02/12/14 report doesn't mention any recent surgery that the patient may have had. The denial letter states, "The request should be reasonable, but with the non-certification of surgery, the request for postoperative therapy is also non-certified." MTUS Postsurgical Guidelines pages 18 through 20 allow for 24 visits over 2 months for a PIP and MCP capsulotomy/capsulectomy. In this case, the patient has not been authorized a surgery nor has documentation of any recent surgery. For non-postop therapy, 9 to 10 sessions are recommended per MTUS and ODG Guidelines. There is no record of any recent therapy and the treater does not discuss why therapy is needed at this juncture. There is no documentation of flareups, exasperations, new injury or other functional decline to warrant therapy. The treater does not mention why home exercises are inadequate requiring formalized therapy. Therefore, the request is not medically necessary.