MAXIMUS Federal Services

Case Number:	CM14-0156933		
Date Assigned:	09/29/2014	Date of Injury:	09/30/2013
Decision Date:	10/27/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/25/2014

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 Pain Management, 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 50 years old male with an injury date on 09/30/2013. Based on the 08/18/2014 progress report provided by [redacted], the diagnoses are:1.Status post right third digit radial digital nerve repair with neuroma.2.Status post right third digit A1 pulley release with persistent pain but no locking.According to this report, the patient complains of "lack of sensation in the radial digital nerve distribution, sensitivity at the nerve repair site, and pain and weakness with gripping;" on the right. Physical exam of the right upper extremity reveals tenderness over the third digit A1 pulley but no locking or triggering. Asymmetric grip strength is noted. Significant tenderness and Tinel sign are noted at the repair site with sensory deficit in the radial digital nerve distribution, consistent with a neuroma. The 07/14/2014 report indicates the patient to "continue home exercise program and use normally." The 05/01/2014 report indicated patient "starting OT tomorrow."There were no other significant findings noted on this report. The utilization review denied the request on 09/02/2014. [redacted] is the requesting provider, and he provided treatment reports from 05/01/2014 to 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2x week x 6 weeks right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, & Hand post-surgical Page(s): 18-20.

Decision rationale: According to the 08/18/2014 report by [redacted] this patient presents with "lack of sensation in the radial digital nerve distribution, sensitivity at the nerve repair site, and pain and weakness with gripping." The treating physician is requesting occupational therapy 2 times a week for 6 weeks for the right hand. The patient is status post right middle trigger finger release on 04/09/2014. Regarding postsurgical trigger finger therapy treatments, MTUS guidelines recommend 9 visits over 8 weeks. Review of reports from 05/01/2014 to 08/18/2014 shows the patient has started post-op therapy sessions; number of sessions completed to date is unknown. The patient also has started home exercise. In this case, no discussion is provided as to why the patient is not able to continue the home exercises; nor the reasons for requested additional therapy. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. The request is not medically necessary and appropriate.