

Case Number:	CM14-0159173		
Date Assigned:	10/02/2014	Date of Injury:	04/24/2006
Decision Date:	10/31/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 claimant is a 61 year old female who was injured on 04/24/06. Medical records provided for review specific to the claimant's left hand included an operative report for left ring finger flexor tenosynovectomy (trigger finger release) on 07/17/14. The report of a postoperative office visit dated 09/04/14 noted continued complaints of pain. Examination demonstrated mild tenderness over the incision with mild stiffness of the left ring finger without any documentation of triggering. It was stated at that time that the claimant had already attended a course of occupational therapy. This review is for a current request for twelve additional sessions of occupational therapy to address the claimant's postoperative complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 X 6 for the Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-Surgical Rehabilitative Guidelines, the request for twelve additional sessions of occupational therapy for the left hand is not recommended as medically necessary. The Post-Surgical Guidelines following a trigger finger release recommend up to nine sessions of physical therapy over an eight week period of time. This individual has already had ten sessions of occupational therapy since the time of surgery. The requested twelve additional sessions of therapy in and of themselves would exceed the guideline criteria and would not be supported. There is no documentation in the records that the claimant should be an exception to the standard guideline criteria. The request for Occupational Therapy 2 X 6 for the Left Hand is not medically necessary.