

Case Number:	CM14-0164600		
Date Assigned:	10/09/2014	Date of Injury:	07/03/2013
Decision Date:	11/10/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/06/2014

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:

According to the records made available for review, this is a 41-year-old male with a 7/3/13 date of injury. At the time (9/8/14) of the Decision for post-op occupational therapy 3 x 12, there is documentation of subjective (increasing pain and stiffness in his right hand, pain radiates up his right arm) and objective (10 degrees of flexion contracture at the PIP joints of the right index and small fingers, 90 degrees flexion contracture at the right long PIP joint and a 40 degree flexion contraction at the right ring PIP joint) findings, current diagnoses (s/p right long PIP volar capsulotomies), and treatment to date (32 occupational therapy sessions). Medical reports identify the patient has been authorized for a right long PIP volar capsulotomies. The requested post-op occupational therapy 3 x 12 exceeds guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Occupational Therapy 3 x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 2 months and post-surgical physical medicine treatment period

of up to 4 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of s/p right long PIP volar capsulotomies. However, the requested post-op occupational therapy 3 x 12 exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for post-op occupational therapy 3 x 12 is not medically necessary.