

Case Number:	CM14-0170803		
Date Assigned:	10/23/2014	Date of Injury:	03/27/2013
Decision Date:	11/21/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/15/2014

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:

This is a 44-year old female with a 3/27/13 injury date. The mechanism of injury was repetitive stress. In a follow-up on 9/24/14, there were no subjective complaints after right thumb trigger finger release. Objective findings included full wrist and hand range of motion without pain and grip strength of 25 lbs. The plan was for 6 additional sessions of hand therapy after the original 6 sessions. Diagnostic impression: trigger finger. Treatment to date: trigger finger release on 7/31/14. A UR decision on 10/15/14 modified the request for continued occupational therapy for the right thumb #12 to allow for only 3 additional sessions. The patient has already had 6 post-op sessions after trigger finger release and the guidelines allow for a total of 9 post-op sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Occupational therapy for the right thumb QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS guidelines allow for 9 occupational hand therapy sessions over 8 weeks following trigger finger release. However, the patient has already had 6 sessions and the current request is for 12 more sessions. This exceeds the recommended amount. In addition,

there is no specific evidence of objective functional improvement with previous therapy. Therefore, the request for Continued Occupational therapy for the right thumb QTY: 12.00, as submitted, was not medically necessary.