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| Case Number: | CM14-0020130 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 01/15/2008 |
| Decision Date: | 07/07/2014 | UR Denial Date: | 02/13/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

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, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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 55-year-old female who injured her right thumb in a work related accident on January 15, 2008. The records provided for review document that the claimant underwent on November 6, 2013 a CMC arthroplasty. A physical therapy progress report dated January 7, 2014, documented that the injured worker attended twenty-five sessions of therapy since surgery. Physical examination findings showed 30 degrees of MP flexion, 60 degrees of IP flexion, and full range of motion about the wrist. This review is for 12 additional sessions of physical therapy for the right thumb following the above mentioned surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL SESSIONS OF OCCUPATIONAL HAND THERAPY, 2 X PER WEEK FOR 6 WEEKS, TO THE RIGHT THUMB: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, twelve additional sessions of occupational therapy cannot be supported. The records document that the claimant has attended twenty-five sessions of physical therapy since time of surgery in

November of 2013. The Postsurgical Guidelines support the role of up to twenty-four sessions of therapy over an eight week period of time. The additional twelve sessions of therapy would exceed the Postsurgical Guidelines and there is no documentation that indicates this claimant would be an exception to the standard recommended treatment.