

<b>Case Number:</b>	CM14-0021228		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	06/07/2010
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Occupational Medicine 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 59-year-old female patient with a 6/7/10 date of injury. A 4/22/14 progress report indicated that the patient was seven months post-operative. She complained of some tightness in the thumb and pulling sensation along the dorsal aspect of the MCP when she tried to flex further. Physical exam demonstrated normal swelling with thumb CMC joint and limited range of motion in right thumb CMC joint and MCP joint flexion. 1/9/14 physical therapy progress report indicated that the patient had some functional limitations, including hair care and door opening. She was authorized for at least 36 physical therapy sessions. She was diagnosed with status post right thumb CMC arthroplasty with flexor carpi radialis tendon transfer and right carpal tunnel release, left wrist osteoarthritis, and left carpal tunnel syndrome. Treatment to date: medication management, physical therapy, and home exercise program. There is documentation of a previous 2/12/14 adverse determination, because the patient was authorized for a total of 48 physical therapy sessions, which should be sufficient to transition for an independent home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OCCUPATIONAL THERAPY SESSIONS X 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

**Decision rationale:** The CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. The patient presented seven months s/p right thumb arthroplasty. However, by that time she was authorized for at least 36 physical therapy sessions. It was unclear how many sessions she has completed. CA MTUS Post-Surgical Treatment Guidelines support up to 24 sessions of physical therapy over 8 weeks, with a post-surgical treatment period of 4 months. This patient is out of the post-operative treatment window. The proposed number of physical therapy sessions in addition with the already authorized number of sessions exceeds guidelines recommendations. There is no clear rationale provided as to why this patient would need additional physical therapy in excess of guideline recommendations. Therefore, the request for occupational therapy sessions x 12 was not medically necessary.