MAXIMUS Federal Services

Case Number:	CM14-0029993		
Date Assigned:	06/20/2014	Date of Injury:	03/25/2008
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation 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 patient is a 57 year old female who was injured on 03//25/2008. The mechanism of injury is unknown. Prior treatment history has included physical therapy and cortisone injections of her right thumb Prior medication history included Lidoderm, Norco, omeprazole, terocin and Voltaren gel.Diagnostic studies reviewed include x-ray of the right hand dated 01/08/2014 shows moderate decreased joint space with marginal sprain of the right first carpometacarpal (CMC) joint. MRI of the right wrist without contrast dated 03/19/2013 revealed multifocal osseous cysts suggestive of osteoarthris/other forms of arthropathy. The thumb shows moderately severe osteoarthris of the first metacarpophalangeal joints (MCP) and CMC joints with joint space narrowing cartilage fibrillation, subchondral cyst formation and osteophyte formation. Moderately severe osseous changes involve the trapezium and the proximal first metacarpal. Progress report dated 01/08/2014 indicates the patient complained of pain in her right thumb. She stated that the pain is no longer tolerable and has pain with any type of motion. She has difficulty using a wheelchair as well as any type of pinching or grasping. On exam, there is positive CMC grind on the right. metacarpophalangeal (MP) motion is from 0-80. interphalangeal (IP) motion is from 0-70. She has mild soreness over the first dorsal extensor compartment. Impressions are right first CMC osteoarthritis and status post left total knee replacement. The treatment and plan included right first CMC suspension arthroplasty as conservative modalities have not improved her or relieved her symptoms; postoperative physical therapy x24 weeks; and home aide and visiting nurse. Prior utilization review dated 02/25/2014 states the request for post-op physical therapy times 24 visits right 1st CMC/hand was not authorized as the requested number of visits are not within the MTUS guidelines. The request for post-op home aide and nurse could not be validated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy times 24 visits Right 1st CMC/Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Physical/ Occupational therapy.

Decision rationale: As per CA MTUS and ODG, PT/OT guidelines allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. As per CA MTUS guidelines, 24 visits over 8 weeks of post-operative physical therapy is recommended. The patient has previous records of PT, such as the number of visits and documentation of objective measurements are not available. Furthermore, the patient should have been transitioned to home exercise program. Therefore, the medical necessity of the requested service cannot be established at this time.