

Case Number:	CM14-0030818		
Date Assigned:	03/21/2014	Date of Injury:	08/03/2012
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/11/2014

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 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:

This is a 58-year-old female who developed bilateral thumb complaints as a result of repetitive work activities on 03/01/11. The medical records provided for review document a current diagnosis of bilateral osteoarthritis of the carpometacarpal (CMC) joints of the thumb. The claimant underwent a right thumb interpositional arthroplasty performed on the CMC joint on 05/06/13. The records identify 36 sessions of physical therapy in the postoperative setting; there is no documentation of any recent physical examination findings or postoperative imaging reports. There is a current request for 12 additional sessions of occupational therapy for this individual's right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy/hand, two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, the request for additional occupational hand therapy of twelve sessions cannot be recommended as

medically necessary. The MTUS Postsurgical Treatment Guidelines recommend following arthroplasty of the wrist or digit up to 24 visits of therapy over an eight week period of time. The medical records in this case indicate the individual has undergone thirty-six sessions of physical therapy to date. The specific request for 12 additional sessions of physical therapy would exceed the recommended guideline criteria. There is no documentation in the medical records to support that this claimant would be an exception to the recommended standard treatment. Therefore, the request cannot be supported as medically necessary.