

Case Number:	CM14-0031304		
Date Assigned:	06/13/2014	Date of Injury:	06/12/2012
Decision Date:	07/21/2014	UR Denial Date:	01/18/2014
Priority:	Standard	Application Received:	02/01/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and finger pain reportedly associated with a traumatic industrial amputation injury of June 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier surgical completion of the amputation; subsequent surgical scar revision on July 16, 2013; and unspecified amounts of postoperative physical therapy. In a January 18, 2014 progress note, the claims administrator denied a request for "therapeutic exercises." It was later elaborated in the body of the Utilization Review Report that the request was seemingly for 12 sessions of postoperative occupational therapy visits for the right thumb. The claims administrator apparently based its denial on the fact that a derivative request for surgery was also denied. A January 31, 2014 progress note is notable for comments that the applicant had persistent complaints of thumb and index finger pain and hypersensitivity. The attending provider stated that he was seeking authorization for a right thumb soft tissue reconstruction and distal phalanx reconstruction surgery on December 20, 2013. It was stated that the applicant was in fact working regular duty as of this point in time. The note was somewhat difficult to follow and employed an outlined format as opposed to a standard SOAP format without providing much in the way of narrative commentary. An earlier note of December 20, 2013 was notable for comments that the applicant had no specific complications following earlier hand surgery. The applicant did have some residual hypersensitivity to touch about the right thumb, it was stated. The applicant did have some irregularity about the soft tissues of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) POST OPERATIVE OCCUPATIONAL THERAPY VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98-99.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, it is incumbent upon the attending provider to furnish a prescription for physical therapy which clearly states treatment goals. In this case, the attending provider's documentation did not clearly state treatment goals. It is further noted that pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasized active therapy, active modalities, and self-directed home physical medicine. In this case, the progress notes provided do not detail much in the way of significant residual deficits about the hand and/or digits in question. The applicant was described as having returned to his usual and customary work. It appears that the applicant could likewise transition to a home exercise program without the formal physical therapy/therapeutic exercise course being sought by the attending provider. Therefore, the request is not medically necessary.