

Case Number:	CM14-0038832		
Date Assigned:	06/27/2014	Date of Injury:	12/01/2012
Decision Date:	08/27/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/02/2014

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 claimant reported an injury on Decemeber 1st, 2012. On March 18th, 2014 the patient underwent comprehensive orthopedic consultation. As of December 26th, 2013, the patient was post right carpal tunnel release and right middle trigger finger release with residual right hand swelling and stiffnes. The patient was also diagnosed with left carpal tunnel syndrome and suggestive length of left thumb triggering. The treating physician recommended occupational therapy twice a week for 4 weeks with emphasis on right hand range of motion exercises and edema control. Occupational Therapy was recommended, given the residual stiffness and swelling after recent carpal tunnel release and right, middle, and ring finger trigger releases. An initial physician review noted that the treatment guidelines allow up to 9 therapy sessions after trigger finger release or 8 sessions after carpal tunnel release. This patient had 12 sessions and does not meet the guidelines for additional physical or occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 x 4 to the right hand: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Postsurgical Treatment Guidelines, Section 24.3, Page 11. The Expert Reviewer's decision rationale: The Medical Treatment Utilization Schedule Post-Surgical Treatment Guidelines states that, "the medical necessity for postsurgical physical medicine treatment for any given patient is dependent on, but not limited to, factors including comorbid conditions, prior pathology, and the complexity of the surgery." The treatment guidelines recommend that the decision for postoperative physical therapy be made primarily based upon an individualized medical prognosis and individualized treatment goals. An initial physician review concluded that additional physical therapy was not medically necessary based on the number of sessions recommended in the guidelines. However, those sessions are only references and they are not absolute. Furthermore, this patient underwent a combined surgery, and the guidelines do not provide guidance regarding how the duration of treatment may be impacted with a patient who undergoes two separate surgeries to the same or nearby body part. The request for additional physical therapy in this case is based on specific functional goals and anatomical observations. This request is consistent with the principles in the treatment guidelines so it is medically necessary.