

Case Number:	CM14-0041155		
Date Assigned:	06/30/2014	Date of Injury:	10/04/2012
Decision Date:	08/19/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/08/2014

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 has submitted a claim for left thumb CMC (carpometacarpal) osteoarthritis status post left CMC arthroplasty associated with an industrial injury date of 10/04/2012. Medical records from 07/12/2013 to 07/08/2014 were reviewed and showed that patient complained of deep and dull left hand pain graded 3/10 with no associated radiation or numbness. Physical examination revealed decreased left thumb ROM (range of motion) in all planes of movement and decreased left hand grip strength. Treatment to date has included left CMC arthroplasty (09/27/2013), post-operative physical therapy and left wrist cast. Utilization review dated 03/25/2014 denied the request for 12 additional physical therapy sessions left hand because there were no documented barriers to continuation with an independent HEP (home exercise program) to address the residual functional deficit of grip strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) ADDITIONAL THERAPY SESSIONS LEFT HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The CA MTUS Postsurgical Treatment Guidelines recommend that 24 visits of postsurgical physical therapy over 8 weeks for wrist/finger arthroplasty. The postsurgical physical medicine treatment period is 4 months. In this case, the patient has already completed the recommended 24 visits of postsurgical physical therapy. There is no discussion as to why the patient cannot self-transition into HEP. Moreover, the postsurgical physical medicine treatment period of 4 months has elapsed. Therefore, the request for Twelve (12) additional therapy sessions left hand is not medically necessary.