

Case Number:	CM14-0049672		
Date Assigned:	07/07/2014	Date of Injury:	10/25/2012
Decision Date:	08/06/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/17/2014

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, has a subspecialty in Pain Management, 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 44-year-old with date of injury October 25, 2012. The treating physician report dated March 12, 2014 indicates that the patient's right thumb is slowly getting better and bilateral hands have some ache sensation with recommendation for PT (physical therapy) or OT (occupational therapy) 3x6. The operative report dated February 20, 2014 indicates that a right trigger thumb release was performed without complication and triggering was released at the A1 pulley. The current diagnoses are bilateral carpal tunnel syndrome, left greater than right, and bilateral wrist and FCC tears with chronic strains and synovitis. The utilization review report dated April 9, 2014 denied the request for eighteen occupational therapy sessions based on the rationale that 9 OT sessions were authorized on February 5, 2014 based on the total available per MTUS Post-Surgical Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen occupational therapy sessions: 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): 22.

Decision rationale: The patient presents three weeks post-surgical release of right trigger thumb. The current request is for eighteen occupational therapy sessions. Review of the February 21 and 28, and March 7 and 12, 2014 reports all state, PT (physical therapy) or OT (occupational therapy), three times weekly for six weeks. There is no information indicating if the patient initiated OT therapy. The utilization review report states that nine sessions of OT were authorized for post-surgical treatment following trigger thumb release. The treating physician does not report if the therapy was initiated or any response to treatment other than, Patient states her right thumb is slowly getting better. The Postsurgical Treatment Guidelines state that nine post-surgical physical medicine treatments are recommended following trigger finger release. There is no documentation from the treating physician to indicate that the nine authorized sessions were completed and there is no clinical documentation provided to suggest that the patient requires additional OT treatments beyond the recommended nine sessions. The request for eighteen occupational therapy sessions is not medically necessary or appropriate.