

Case Number:	CM14-0056362		
Date Assigned:	07/09/2014	Date of Injury:	10/17/2011
Decision Date:	09/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/25/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 67 year old male with a work injury dated 10/7/11. The diagnoses include left thumb pain and stiffness, status post left trigger thumb release dated 2/20/14. Under consideration is a request for additional post-operative Occupational therapy, six (6) visits, for the left thumb. There is a primary treating physician report dated 3/26/14 that states that the patient is having some pain and stiffness in his left thumb. He has completed 4/8 OT sessions. On exam MPJ Flexion is 45, MPJ Extension is 0; Interphalangeal Flexion 55, Interphalangeal Ext. 0, Opposition 5cm from palmar crest, Adduction 4 cm from 5th MPJ. There is a request for additional OT 2x3 to the Left thumb for range of motion and to decrease inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative Occupational therapy, six (6) visits, for the left thumb: 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: Additional post-operative Occupational therapy, six (6) visits, for the left thumb is not medically necessary per the MTUS Post surgical guidelines. The guidelines recommend up to 9 visits for this condition. The documentation indicates that the patient still has 4 more visits remaining. Without documentation of the outcome of the next 4 visits additional therapy cannot be recommended. Furthermore, the request for 6 visits would exceed the MTUS Post Surgical guidelines recommended number of visits for this condition. The request for additional post-operative Occupational therapy, six (6) visits, for the left thumb is not medically necessary.