

Case Number:	CM14-0057969		
Date Assigned:	07/09/2014	Date of Injury:	06/04/1995
Decision Date:	10/01/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 Orthopedic Surgery 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:

66-year-old female claimant with an industrial injury dated 06/04/95. The patient is status post a fourth trigger finger release as of 02/18/14. The patient is also status post right long trigger finger release, left thumb and right trigger release, left carpal tunnel release, left thumb CMC arthroplasty. Exam note 04/08/14 states the patient returns with right hand stiffness and pain. She states that the mobility and pain are improving with the therapy sessions. There was evidence of mild swelling and the grip strength is diminished on the right compared to the left. The patient was diagnosed with trapezial and paracervical strain, bilateral forearm tendonitis, and right thumb CMC arthrosis. Treatment plan includes occupational therapy sessions twice a week for six weeks to aid in range of motion, modalities, and strength. Records demonstrate the claimant has had 12 visits postoperatively since surgical procedure on 2/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy 2 x 6 to the Right Hand/Ring Finger: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: CA MTUS Post Surgical Treatment Guidelines recommends 9 postoperative visits over 8 weeks for trigger finger release. In this case the claimant has had 12 visits since the surgical procedure of 2/18/14. There is lack of medical necessity to warrant exceeding the guideline recommendation. Therefore, the request is not medically necessary.