

Case Number:	CM14-0062872		
Date Assigned:	07/11/2014	Date of Injury:	02/20/2005
Decision Date:	09/19/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/05/2014

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 Alabama. 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 78 year old female who was injured on 02/20/2005. The mechanism of injury is unknown. Prior treatment history has included 15 visits of occupational therapy which has been helping; injection into right thumb flexor. The patient underwent carpal tunnel and ulnar nerve release at Guyon's canal on 09/23/2013 Progress report dated 04/01/2014 states the patient presented with complaints of increasing pain and trigger in the right thumb. Objective findings on exam revealed mild swelling and stiffness in the right wrist and thumb. There is mild thumb CMC tenderness bilaterally. She has tenderness and tiggering at the A1 pulleyof the right thumb. Diagnoses are right thumb flexor tenosynovitis/trigger thumb; left thumb CMC arhtrosis; bilateral forearm tendonitis; resolving left carpal tunnel syndrome, and bilateral cubital tunnel syndrome. She was recommended for occupational therapy. Prior utilization review dated 04/10/2014 states the request for Occupational therapy 2 x 6 right thumb is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 times a week for 6 weeks right thumb: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Physical Therapy Elbow and Wrist Guidelines.

Decision rationale: The above ODG guidelines state that physical/occupational therapy for "synovitis and tenosynovitis" is "medical treatment: 9 visits... Post-surgical treatment: 14 visits... ulnar nerve entrapment/Cubital tunnel syndrome: Medical treatment: 14 visits... Post-surgical treatment: 20 visits" and "arthropathy, unspecified post surgical treatment, arthroplasty/fusion, wrist/finger: 24 visits." In this case, progress note from 3/18/14 states in subjective complaints states "had only 16 OT after CMC arthroplasty!!! Surgery MTUS calls for 24 (had 16 total)." In this case, because the patient underwent CMC arthroplasty on 9/23/13, the patient may be considered for up to 24 visits of OT. Being that the documented OT sessions already performed is 16, the patient is a candidate for continued sessions of OT. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request are medically necessary.