

Case Number:	CM13-0019428		
Date Assigned:	07/11/2014	Date of Injury:	05/02/2012
Decision Date:	01/02/2015	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/03/2013

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 Interventional Spine 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 48 year old with an injury date on 5/2/12. Patient complains of no pain on the arthroplasty site (right side) but some symptoms on the left side per 4/17/13 report. Based on the 6/5/13 progress report provided by the treating physician, the diagnosis is s/p bilateral thumb CMC arthroplasties. Exam on 6/5/13 showed "thumb spica cast on the left side." Patient's treatment history includes occupational therapy, surgeries, medication. The treating physician is requesting additional OT 2x6 to the left thumb. The utilization review determination being challenged is dated 8/19/13. The requesting physician provided treatment reports from 4/17/13 to 6/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional OT 2 x 6 to the left thumb: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post-surgical Page(s): 18-20, Postsurgical Treatment Guidelines.

Decision rationale: This patient presents with left thumb pain and is s/p left thumb CMC arthroplasty from 5/28/13. The treater has asked for ADDITIONAL OT 2X6 TO THE LEFT THUMB but the requesting progress report is not included in the provided documentation. The utilization review letter dated 8/19/13 states the patient had 12 postoperative physical therapy sessions. MTUS guidelines state that for Tendon transfers - thumb or finger, 26 visits over 4 months are allowed. In this case, the patient is s/p left thumb ligament reconstruction and tendon transfer using flexor carpi radialis tendon per 5/28/13 operative report. As the requesting PR-2 is not included in reports, there is not rationale for additional therapy, nor is there a history of therapy treatment. However, the requested 12 additional sessions of OT are within MTUS postsurgical guidelines. Recommendation is for authorization.