

Case Number:	CM14-0192339		
Date Assigned:	11/26/2014	Date of Injury:	03/20/2003
Decision Date:	02/03/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/18/2014

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 Rehab, 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 61-year-old female with an injury date of 03/20/2003. According to the 08/22/2014 progress report, the patient complains of having pain in her left thumb, right hand, and right thumb. She also has problems sleeping. The 09/02/2014 report indicates that the patient has the same complaints of having pain in her left thumb and right hand. The 09/29/2014 report states that the patient "is slowly improving." Her right shoulder and right thumb is still in pain. No further exam findings were provided. The patient's diagnoses include the following: Right shoulder sprain and POSS internal derangement - impingement syndrome Right thumb trigger finger (08/07/14) Left long trigger finger (08/07/14) The utilization review determination being challenged is dated 10/17/2014. Treatment reports were provided from 04/16/2014 09/29/2014. The reports provided were brief, handwritten, and partially illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, 18 Sessions, Left Fingers: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: Based on the 09/29/2014 progress report, the patient presents with right thumb pain, right shoulder pain. The request is for Occupational Therapy 18 Sessions for the Left Finger. MTUS Guidelines regarding postsurgical for the forearm, wrist, and hand pages 18 through 20 recommend the following: Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks. *Postsurgical physical medicine treatment period: 4 months. Surgical history includes left thumb and middle finger trigger release on 08/07/2014. The patient is still within the post-surgical time frame. In this case, it appears as though the patient has already completed 9 occupational therapy sessions. An additional 18 sessions of therapy would exceed what is allowed by MTUS Guidelines. The 09/29/2014 report states that the patient also has "home exercises as directed." There is no discussion as to why the patient needs additional occupational therapy and cannot proceed with this home exercise program. The requested occupational therapy is not medically necessary.