

Case Number:	CM14-0193846		
Date Assigned:	12/01/2014	Date of Injury:	02/28/2007
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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:

According to the records made available for review, this is a 59-year-old female with a 2/28/07 date of injury. At the time (10/24/14) of request for authorization for six post-operative occupational therapy sessions, there is documentation of subjective (right thumb pain) and objective (tenderness to palpation over the right thumb and decreased extension of the right thumb at the interphalangeal joint) findings, current diagnoses (stenosing tenosynovitis of both thumbs, persistent bilateral carpal tunnel syndrome, right wrist neuritis of palmar cutaneous branch of the median nerve, and stenosing tenosynovitis of the right thumb), and treatment to date (medications). Medical reports identify a pending right thumb tenovagotomy surgery that has been certified/authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six post-operative occupational therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Physical Therapy (PT)

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 9 visits of post-operative physical therapy over 8 weeks and post-surgical physical medicine treatment period of up to 4 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of stenosing tenosynovitis of thumbs, persistent bilateral carpal tunnel syndrome, right wrist neuritis of palmar cutaneous branch of the median nerve, and stenosing tenosynovitis of the right thumb. In addition, there is documentation of a pending right thumb tenovagotomy surgery that has been certified/authorized. However, the requested six post-operative occupational therapy sessions exceed guidelines (1/2 the number of sessions recommended for the general course of therapy). Therefore, based on guidelines and a review of the evidence, the request for six post-operative occupational therapy sessions is not medically necessary.