MAXIMUS Federal Services

Case Number:	CM14-0200939		
Date Assigned:	12/11/2014	Date of Injury:	04/24/2014
Decision Date:	02/03/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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 male with an injury date of 04/24/14. Based on the 10/06/14 progress report, the patient complains of hand pain which he rates as a 2/10. Regarding the left thumb, there is tenderness of the distal interphalangeal joint. The 10/31/14 report indicates that the patient has sensitivity at the left thumb ulnar aspect. No additional positive exam findings were provided on this report. The 11/06/14 report states that the patient "had left thumb partial extensor pollicis longus tendon tear and left thumb stiffness and hypersensitivity." No further exam findings were provided. The 07/02/14 MRI of the left thumb revealed the following: Mild degenerative changes of the interphalangeal joint of the thumb. Findings suggest possible partial tear of the extensor pollicus longus tendon at its insertion on the base of the distal phalanx. Specifically, the radial aspect of the tendon insertion is indistinct and possibly torn while the ulnar aspect has a normal appearance. Evaluation of the insertion of this tendon is made difficult by the fact that the patient is unable to straighten the thumb. There is a 1-2 mm rounded structure of uncertain origin adjacent to the base of the distal phalanx at its dorsal aspect which may represent a tiny avulsion fragment. However, this is likely an old injury given the lack of narrow edema. The patient's diagnoses include the following: Left thumb extensor tendon tear, wrist or hand level left thumb fx init, the utilization review determination being challenged is dated 11/13/14. Treatment reports were provided from 05/16/14- 12/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy 2 times 6 to left thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

Decision rationale: The patient presents with hand pain and left thumb pain which he rates as a 2/10. The request is for additional Occupational Therapy 2 times 6 to left thumb. Review of the reports does not indicate if the patient had any surgery. MTUS pages 98 through 99 have the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 also state that for "myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended." The utilization review denial letter states that the patient has had 24 sessions of occupation therapy to date. An additional 12 sessions of therapy to the 24 sessions the patient has already had exceeds what is allowed by MTUS Guidelines. Therefore, the requested occupational therapy for the left thumb is not medically necessary.