

Case Number:	CM14-0207162		
Date Assigned:	12/19/2014	Date of Injury:	08/09/2011
Decision Date:	02/13/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/10/2014

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 43-year old female with an injury date of 08/09/11. Based on the 06/26/14 progress report provided by treating physician, the patient complains of pain and trigger of the left ring finger. The patient is status post trigger finger and carpal tunnel release 07/19/14. Physical examination to the left hand revealed tenderness to palpation to the A1 pulley of the left ring finger and no locking present. Patient's current medications per report 05/20/14 include Lantus, Metformin, Glipizide, Simvastatin, Nuprin, Furosemide and Benazepril. Patient is currently working with restrictions. Diagnosis (12/08/14) - Compression Nephropathy, Trigger Finger. The utilization review determination being challenged is dated 11/13/14. The rationale follows: "There is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program" Treatment reports were provided from 03/12/14 to 12/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 x 4 to the ring finger/trigger finger on the left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome Page(s): 16.

Decision rationale: The patient presents with pain and trigger of the left ring finger. The request is for Occupational Therapy 2x4 to the Ring Finger / Trigger Finger on the Left Hand. The patient is status post trigger finger and carpal tunnel release 07/19/14. Patient is currently working with restrictions. For Carpal Tunnel Syndrome, the MTUS post-surgical guides pg15 recommends for postsurgical treatment (endoscopic) 3-8 visits over 3-5 weeks. No documentation was submitted discussing reason for the request and any previous post op sessions patient has had. UR letter dated 11/13/14 states "The claimant has had 16 postoperative OT sessions. The physician is requesting an additional 8 sessions; however, there is no current functional status described to consider additional therapy. Additional therapy can be considered with functional improvement but the physician requests additional therapy without discussing how the patient is doing. Furthermore, the physician's request for additional 8 sessions exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.