

Case Number:	CM14-0208514		
Date Assigned:	12/22/2014	Date of Injury:	11/07/2013
Decision Date:	02/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/12/2014

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 Plastic & Reconstructive Surgery, and is licensed to practice in Maryland. 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 59 year old female with a reported date of injury on 11/7/13 who requested additional post-op therapy 2 x 6. She had undergone left thumb CMC arthroplasty and left carpal tunnel release on June 18th, 2014. Documentation from 12/8/14, notes that she is diagnosed with left thumb CMC DJD with complaints of pain of the left thenar eminence, MCP and CMC joints of the thumb, along with grip weakness and tenderness. Symptoms are unchanged and are described as mild and occasionally moderate. Examination noted swelling of the left thumb CMC joint with well-healed scars. There is 70-80% restriction in motion of the thumb and weakness of thumb flexion. Recommendation was made for Naprosyn and activity restriction. Documentation from 11/17/14, notes that the patient complains of persistent pain at the base of the left thumb with weakness. She complains of scar sensitivity. Examination notes that the incisions are well healed and barely visible. Recommendation was made for physical therapy, NSAIDs and increasing use of the hand. RFA dated 11/17/4 noted a diagnosis of osteoarthritis and request for 12 treatments (3 x 4). Documentation from 10/6/14, notes that the patient's left hand is supple now with therapy since the last visit. She can make a tight fist and fully extend the fingers with ease. She has some scar pain and sensitivity. Left thumb basal joint is stable. Recommendation is made for continued therapy and gradual increase in use of the left hand. Previous notes from the treating physician and hand therapist document post-operative improvement since surgery with increasing range of motion, strength and functional status. Hand therapy re-evaluation visit from 11/5/14 notes 'Visits: 24'. Subjective exam notes increased strength and functional use of the left hand, but still with difficulty opening jars and buttoning. Objective examination notes grip strength on the left at 45 pounds(40 on 10/29/14), lateral pinch at 8 pounds (8 on 10/29/14), three jaw pinch 8 pounds (9 pounds on 10/29/14) and tip punch 8.0 pounds (7 pounds on 10/29/14). Range of motion notes no change in flexion, extension and

radial deviation from 11/5/14 as compared to 10/22/14. There is slight increase in ulnar deviation during this time period. Range of motion of the thumb notes 65 degrees of MCP flexion and 85 degrees of IP flexion from 10/22/14, while 60 degrees of MCP flexion and 90 degrees of IP flexion from 11/5/14. Assessment is that the patient has made excellent progress and recommendations are for decreasing pain, increasing strength, increasing ROM and improving function. Hand therapy note from 8/4/14 notes documentation of a home exercise program. Documentation from 7/28/14 notes recommendation for scar massaging and desensitization protocol, as well as joint mobilization and strengthening. UR review dated 11/25/14 did not certify the request stating that the patient had completed 24 post-op therapy sessions. 'The completed therapy sessions to date should have provided ample time to transition the patient into a home exercise program to further address any ongoing deficits.' Chronic pain treatment guidelines recommend continued physical therapy with documented objective evidence of derived functional benefit. Post-surgical guidelines recommend up to 24 post-operative physical therapy visits for this condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Additional post-op occupational therapy 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16 and 19.

Decision rationale: The patient is a 59 year old female who had undergone left carpal tunnel release and left CMC arthroplasty on 6/18/14. She is documented to have undergone a total of 24 physical therapy visits. Based on the requirements stated below, she has completed the recommended number of visits and has exceeded the treatment period of 4 months for arthroplasty. The recommendations for carpal tunnel release are listed and would not be considered additive to the total number of visits or treatment period as 'there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome).' However, exceptions can be made if the patient is well-documented to continue to make objective functional progress, as well as undergoing an additional home exercise program. Based on the evaluations by the treating physician, there is not objective evidence of continued functional improvement. Based on the hand therapy evaluations, the patient does not appear to have made significant gains and documentation of a recent home exercise program is lacking. Thus, continued physical therapy should not be considered medically necessary. Arthropathy, unspecified (ICD9 716.9): Postsurgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks Postsurgical physical medicine treatment period: 4 months Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks Postsurgical physical medicine treatment period: 3 months Postsurgical treatment (open): 3-8 visits over 3-5 weeks Postsurgical physical medicine treatment period: 3 months. Therefore, this request is not medically necessary.