

Case Number:	CM14-0209040		
Date Assigned:	12/22/2014	Date of Injury:	04/06/2011
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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 Pain Medicine 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:

This is a male patient with a date of injury of April 6, 2011. A utilization review determination dated November 26, 2014 recommends non-certification of occupational therapy with partial certification for six sessions. A progress note dated November 17, 2014 identifies subjective complaints of continued left-hand pain, complaints of "clammy" sensation and "irritation", continued complaining of occasional numbness to the left thenar eminence, and improved sensation at the left-hand. The physical examination reveals guarding of the left hand, slight swelling of the left hand, slight color change of the left-hand, slow range of motion with flexion of digits, stiffness with flexion/extension of wrist, and left elbow is better. The diagnoses include residual pain of left smaller finger s/p arthrodesis left PIP joint, loss of ROM of left 5th MCP joint left small DID joint, vascular compromise of left hand, left ulnar subluxation of left elbow, and possible ulnar nerve entrapment Guyons canal left. The treatment plan recommends proceeding with pain management consult, scheduled for AMD, and request additional PT six visit. An operative report dated August 25, 2014 identifies a left cubital tunnel release. A physical therapy report dated October 10, 2014 identifies that it is the patients 8th visit. The report reveals a lot of pain, since starting OT the swelling has decreased and he has improved a little bit range of motion but still has difficulty with gripping activities. The plan recommends completion of all OT visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy (unspecified amount/QTY): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 200; 265, Postsurgical Treatment Guidelines Page(s): 8-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand Chapter, Physical/Occupational Therapy.

Decision rationale: Regarding the request for occupational therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional occupational therapy is not medically necessary.