

Case Number:	CM14-0061468		
Date Assigned:	07/09/2014	Date of Injury:	04/07/2005
Decision Date:	04/03/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 53-year-old female who reported an injury on 04/07/2005. The mechanism of injury was noted to be cumulative trauma. She was diagnosed with status post left basal joint interpositional arthroplasty and release of the first dorsal compartment, on 12/18/2013. Her past treatments have included splinting and 22 previous postoperative physical therapy visits. Her 02/17/2014 follow up visit, the injured worker's objective findings were noted to include much improving range of motion of the left 4 fingers, very good range of motion of the MCP joint of the left thumb, poor range of motion of the IP joint, limited range of motion of the wrist secondary to immobilization and stable surgical wounds. The treatment plan included continued hand therapy 2 times a week for 4 weeks. At her follow up visit, on 03/17/2014, the injured worker reported stiffness of the left index and middle fingers, swelling in the left hand/wrist and fingers, and slight pain of the left hand. Physical examination revealed very good range of motion of the left 4 fingers, definite improvement of range of motion of the left thumb, improving wrist range of motion of the left side and limited radial abduction of the basal joint as it had been immobilized. Additional hand therapy 2 times a week for 4 weeks was recommended as the injured worker had been responding very well to occupational therapy. It was specified that the injured worker would require very aggressive hyperextension and force flexion of the left 4 fingers and moderately aggressive complete range of motion of the left thumb in all directions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy (OT) 2 x 4 (8 Visits Total) for a Certified Hand Therapist (CHT) for the Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 117, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the California MTUS Postsurgical Guidelines, up to 14 visits of postoperative physical therapy is recommended following surgery for de Quervain's with a postsurgical physical medicine treatment of 6 months. The guidelines also state that up to 24 visits of postoperative physical therapy is recommended following arthroplasty of the wrist or finger with a postsurgical physical medicine treatment period of 4 months. The injured worker was noted to have undergone surgical intervention on 12/18/2013 followed by 22 postoperative occupational therapy visits, which were noted to have resulted in improvement. Therefore, additional occupational therapy was recommended to continue to promote functional range of motion and motor strength gains. However, the submitted documentation did not include objective range of motion and motor strength values for comparison to clearly establish objective functional improvement with recent postoperative physical therapy. Additionally, the injured worker has far exceeded the number of postoperative physical therapy visits recommended after her procedures. For these reasons, the request is not medically necessary.