

Case Number:	CM15-0130317		
Date Assigned:	07/16/2015	Date of Injury:	07/14/2013
Decision Date:	08/19/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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, Hawaii
 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 38-year-old male, who sustained an industrial injury on 7/14/14. He reported pain in his right thumb radiating to his arm and shoulder after pulling vegetables. The injured worker was diagnosed as having acquired right trigger thumb, right rotator cuff impingement, right shoulder sprain, cervicalgia and possible right carpal tunnel syndrome. Treatment to date has included Neurontin, Nabumetone, and an excision of right thumb A1 pulley with tenolysis of the flexor tendon on 5/6/15, physical therapy and occupational therapy. As of the PR2 dated 6/18/15, the injured worker reports partial improvement in his pain at the thumb but, significant improvement in his range of motion. Objective findings include tenderness over the incision site at the A1 pulley, full active and passive range of motion and tenderness over the cubital tunnel. The treating physician noted that the occupational therapist reported significant but incomplete improvement. The treating physician requested occupational therapy 2 x weekly for 6 weeks for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the right hand, 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): 22.

Decision rationale: The patient presents with pain in the right thumb radiating to the arm and shoulder after pulling vegetables. The current request is for Occupational Therapy for the right hand, 2 x 6. The treating physician states, in a report dated 06/11/15, "Service Requested: Additional certified hand therapy 2x6 (#12 visits)." (152C) The patient underwent surgery on 05/06/15 for right thumb A1 pulley excision. The PSTG guidelines state, "Postsurgical treatment: 9 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months." In this case, the treating physician states "I have discussed the patient's case with the therapist, and I concur that the patient has made significant but incomplete gains with therapy and would benefit from an additional 12 sessions of therapy." However, in the reports available for review, there is no quantifiable functional improvement to support additional sessions, and no justification for 12 sessions, which exceeds the post-surgical guidelines. There is no documentation of any medical rationale to support continued occupational therapy care and there is no discussion as to why the patient is not released to a home therapy program. The current request is not medically necessary.