MAXIMUS Federal Services

Case Number:	CM15-0147494		
Date Assigned:	08/10/2015	Date of Injury:	09/15/2010
Decision Date:	09/10/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/29/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 67-year-old who has filed a claim for chronic hand, wrist, and thumb pain reportedly associated with an industrial injury of September 15, 2010. In a Utilization Review report dated July 15, 2015, the claims administrator partially approved a request for 12 sessions of occupational therapy as 7 sessions of occupational therapy alone. A June 1, 2015 progress note was referenced in the determination. The claims administrator contended that the applicant had had 17 sessions of postoperative physical therapy through the date of the request. The applicant's attorney subsequently appealed. On July 1, 2015, the applicant reported ongoing complaints of hand, wrist, and thumb pain. Positive Finkelstein maneuver was appreciated bilaterally with bilateral CMC joint tenderness appreciated. The applicant was status post bilateral CMC joint arthroplasty, a right long trigger finger release surgery, and bilateral shoulder arthroplasties, it was reported. Permanent work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. On May 22, 2015, the applicant again reported ongoing complaints of hand and wrist pain. 12 sessions of physical therapy, oral Voltaren, and work restrictions were again endorsed. The restrictions imposed on this date were identical when contrasted against a succeeding note of July 1, 2015 and a preceding note of April 6, 2015.An occupational therapy note dated March 4, 2015 was notable for commentary that the applicant was nine days status post a left thumb CMC joint arthroplasty procedure. On January 9, 2015, the applicant's treating provider suggested that the applicant was scheduled to undergo a left thumb CMC joint arthroplasty on February 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy x12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: No, the request for 12 sessions of occupational therapy was not medically necessary, medically appropriate, or indicated here. The applicant was still within the four month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier left thumb CMC joint arthroplasty surgery on February 23, 2015 as of the date of the request, July 1, 2015. While the MTUS Postsurgical Treatment Guidelines do support a general course of 24 sessions of postoperative physical therapy following CMC joint arthroplasty, as transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c.4b to the effect that postsurgical treatment shall be discontinued at any point during the postsurgical physical medicine treatment period in applicants and/or cases where no functional improvement is demonstrated. Here, it did not appear that the applicant had profited appreciably despite receipt of 17 sessions of postoperative occupational therapy/physical therapy through the date of the request, July 1, 2015. Work restrictions were renewed on that date, unchanged when contrasted against preceding notes of May 22, 2015 and April 6, 2015. It did not appear that the applicant was working with said limitations in place. The applicant remained dependent on analgesic medications to include oral Voltaren. It did not appear, in short, the applicant had demonstrated functional improvement in terms of parameters established in MTUS 9792.20e despite receipt of 17 prior sessions of occupational therapy, nor did it appear likely the applicant would stand to gain from further treatment. Therefore, the request was not medically necessary.