

Case Number:	CM15-0168311		
Date Assigned:	09/09/2015	Date of Injury:	11/29/2014
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/26/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 68 year old female who sustained an industrial injury on 11-29-14 when a shopping cart was shoved at her striking her right forearm. She currently complains of constant pain of right hand with a pain level of 5-6 out of 10 with improved numbness and tingling after finishing post-operative occupational therapy. On physical exam there was tenderness to palpation over middle finger incision, minimal crepitus, and tender scar tissue. Diagnoses were contusion forearm; right trigger finger; carpal tunnel syndrome right wrist. Diagnostics included x-ray right wrist (per 3-20-15 note) showed pantrapezial degenerative joint disease and osteoarthritis associated with the proximal interphalangeal and distal interphalangeal joints of all fingers; electromyography, nerve conduction study (5-13-15) showing severe right median motor and sensory neuropathy. Treatments to date include medications: Vicodin, acetaminophen; physical therapy; carpal tunnel splint for comfort; simultaneous carpal tunnel release and right trigger finger release (6-22-15); physical therapy; home exercise program; occupational therapy but still with pain per 7-22-15 note. In the physical therapy note dated 7-9-15 the treating provider recommended occupational therapy to address problems encountered in physical therapy of decreased dexterity, decreased range of motion of hand, swelling of right wrist. In the progress note dated 7-22-15 the treating provider requested additional occupational therapy twice per week for three weeks to the right hand as she still has pain. On 7-30-15 utilization review non-certified the request for continued outpatient post-operative occupational therapy to the right wrist, middle finger two times a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued outpatient post-operative occupational therapy (OT) to right wrist/middle finger two (2) times a week for three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, continued outpatient postoperative occupational therapy to the right wrist/middle finger two times per week times three weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right trigger finger; carpal tunnel syndrome right wrist; and contusion of right forearm. Date of injury is November 29, 2014. Request for authorization was July 23, 2015. According to a July 22, 2015 progress note, the injured worker is status post carpal tunnel release and right trigger finger release June 22, 2015. The injured worker completed a course of postoperative physical therapy. The treating provider indicates additional physical therapy is warranted. Pain score is 6/10. The injured worker is engaged in a home exercise program. There are no functional deficits a home exercise program would not address. Additionally, there are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on clinical information record, peer-reviewed evidence-based guidelines, no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated and no documentation of functional deficits a home exercise program would not address continued outpatient postoperative occupational therapy to the right wrist/middle finger two times per week times three weeks is not medically necessary.