

Case Number:	CM15-0200528		
Date Assigned:	10/15/2015	Date of Injury:	02/03/1988
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old female, who sustained an industrial injury on 01-16-2014. The injured worker is currently temporarily totally disabled and able to do opposite hand work only. Medical records indicated that the injured worker is undergoing treatment for status post revision of right thumb carpometacarpal arthroplasty with removal of residual bone and mini tightrope reconstruction. Treatment and diagnostics to date has included recent occupational therapy per 08-19-2015 progress note. No occupational therapy reports noted in received medical records. Subjective data (05-06-2015 and 08-19-2015), included right thumb pain rated 2-3 out of 5 at "almost 4 months status post revision of right thumb carpometacarpal" surgery. Objective findings (08-19-2015) included well healed incisions, improved motion of thumb but still stiff, and slight swelling and tenderness over the FCR tendon. The Utilization Review with a decision date of 09-25-2015 denied the request for occupational therapy 2x4 for the right thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 4 weeks right thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The claimant sustained a work injury in January 2014 and underwent right thumb revision arthroplasty surgery on 04/29/15. Case notes reference completion of 23 postoperative therapy sessions. When seen, she had radial wrist swelling and tenderness. She had thumb stiffness with slight swelling. She had pain with wrist flexion. There was tenderness over the flexor carpi radialis tendon. Authorization was requested for an additional eight therapy treatments. After the surgery performed, guidelines recommend up to 24 visits over 8 weeks with a physical medicine treatment period of 4 months. In this case, the claimant has already had post-operative physical therapy and had previously undergone the same procedure. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.