

Case Number:	CM15-0205011		
Date Assigned:	10/21/2015	Date of Injury:	07/11/2015
Decision Date:	12/08/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/19/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 62-year-old female, who sustained an industrial injury on 07-11-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right thumb strain and left thumb strain. Medical records (07-12-2015 to) indicate ongoing right thumb pain. Pain levels were rated 0 out of 10 in severity on a visual analog scale (VAS). Activities of daily living and level of functioning were not specifically addressed. Per the treating physician's progress report (PR), the IW was able to return to work with restrictions. The physical exam, dated 07-29-2015, revealed edema to the base of the right thumb, and tenderness to palpation. Relevant treatments have included: ice therapy, splinting, work restrictions, and medications. It was noted that 6 sessions of occupational therapy (OT) were previously requested on 08-04-2015; however, it was unknown whether this therapy had been approved and completed. The treating physician indicates that x-rays of the right thumb showed degenerative changes at the first carpometacarpal (CMC) joint. The request for authorization (10-07-2015) shows that the following treatments were requested: 12 sessions of occupational therapy for the right hand, and a fabricated hand based thumb Spica immobilization orthosis for the right hand. The original utilization review (10-13-2015) non-certified the request for 12 sessions of occupational therapy for the right hand, and a fabricated hand based thumb Spica immobilization orthosis 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 2 times a week for 6 weeks right hand: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: The medical records report pain in the hand and specific functional goals for 12 occupational physical therapy visits. MTUS supports PT for identified goals up to 12 visits for hand. As the medical records do support specific goals of therapy and indicate rationale for needing therapy, the medical records do support a medical necessity for 12 visits of PT.

Right fabricated hand based thumb spica immobilization orthosis: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist/hnad- splint.

Decision rationale: Hand splints can ease arthritis pain, according to a new systematic review. Short and rigid day splints cut hand pain in half after six months of use, according to one high-quality study. Another study found that hand pain was also cut in half by wearing a long rigid splint every night for a year, but the splints usually did not improve hand function or strength. The findings mean that splints have about the same effect on pain as ibuprofen, the most common drug in osteoarthritis. The physical exam, dated 07-29-2015, revealed edema to the base of the right thumb, and tenderness to palpation. Relevant treatments have included: ice therapy, splinting, work restrictions, and medications. It was noted that 6 sessions of occupational therapy (OT) were previously requested on 08-04-2015; however, it was unknown whether this therapy had been approved and completed. The treating physician indicates that x-rays of the right thumb showed degenerative changes at the first carpometacarpal (CMC) joint. As medical records note arthritis and localized pain, ODG guidelines state it is medically necessary.