

Case Number:	CM15-0205611		
Date Assigned:	10/22/2015	Date of Injury:	01/16/2014
Decision Date:	12/07/2015	UR Denial Date:	09/28/2015
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: 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 injured worker is a 58 year old, female who sustained a work related injury on 1-16-14. A review of the medical records shows she is being treated for right thumb pain. In the Hand and Elbow Evaluation for physical-occupational therapy, it is noted that she has some tingling along the dorsal thumb. She has some trouble with grip and twisting with right hand. She rates her pain a 2 out of 10 at rest. At worst, pain is 4 out of 10. It is recommended to continue therapy for right thumb. In the progress notes dated 9-21-15, the injured worker reports swelling and tenderness over the volar radial wrist after using light weights in therapy. She reports dull right thumb pain. She rates her pain a 3-5 out of 10. She reports slight numbness in dorsum of thumb. On physical exam dated 9-21-15, she has "improved" motion of thumb but it is still stiff. She has slight swelling and tenderness over the flexor carpi radialis tendon increased pain with resisted wrist flexion. Treatments have included right thumb surgery x 2 and 23 visits to date of physical therapy-occupational therapy for right thumb. She is temporarily partially disabled. The treatment plan includes a request for continued occupational therapy. In the Utilization Review dated 9-28-15, the requested treatment of occupational therapy 2 x 4 for right thumb is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, right thumb, 2 times weekly for 4 weeks, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: Per the post-surgical guidelines, the post-surgical physical medicine treatment period for Arthropathy, unspecified is 4 months with 24 visits of physical therapy supported. In this case, the injured worker is status-post carpometacarpal arthroplasty and reconstruction (April 2015). She is no longer in the post-surgical treatment period; therefore the physical medicine guidelines were consulted. The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The injured worker has complete 23 physical therapy sessions with only minimal improvement. After 23 sessions, it is reasonable to expect that she can continue with a self-paced, home-based exercise program. The request for occupational therapy, right thumb, 2 times weekly for 4 weeks, 8 sessions is determined to not be medically necessary.