

Case Number:	CM15-0207843		
Date Assigned:	10/26/2015	Date of Injury:	12/25/2006
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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 40 year old male, who sustained an industrial injury on 12-25-06. The injured worker was being treated for spinal-lumbar degenerative disc disease and hand pain. On 10-5-15, the injured worker reports he is 18 weeks post hardware removal, MP joint capsulectomy and extensor tenolysis; he has been working out with the therapist and is growing tired of the process. Work status is noted to be modified duties. Physical exam performed on 10-5-15 revealed slight improvement of MP joint and wound is less tender. Treatment to date has included multiple surgeries, 30 occupational therapy visits (with continued progression noted), physical therapy, oral medications including Norco and MS Contin, home exercise program, hand splint and activity modifications. On 10-9-15 request for authorization was submitted for occupational therapy 2 times a week for 6 weeks. On 10-13-15 request for additional occupational therapy visits 2 times a week for 6 weeks was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 occupational therapy visits to the right finger: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, 12 occupational therapy sessions to the right finger 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 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 diagnosis is status post metacarpal hardware removal, MP joint capsulectomy, manipulation under anesthesia and extensor tenolysis. Date of injury is December 25, 2006. Request for authorization is dated October 9, 2015. The utilization review indicates the injured worker received 24 sessions of physical therapy, then an additional 12 sessions of physical therapy (August 13, 2015) and then an additional 4-8 physical therapy sessions (authorized September 24, 2015). According to an October 1, 2015 physical therapy progress note, injured worker was receiving #38 physical therapy session. There is no change since the last visit. According to an October 5, 2015 progress note, the injured worker is 18 weeks status post hardware removal. Objectively, the injured area is less tender. Extension of the MP joint is -5. There is no documentation demonstrating either subjective improvement or objective functional improvement. The injured worker has received an inordinate number of physical therapy sessions (38 sessions as of October 1, 2015). There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating the injured worker received 38 sessions of physical therapy with no documentation demonstrating objective functional improvement, there is no subjective improvement and no compelling clinical facts indicating additional physical therapy over the recommended guideline clinical indicated, 12 occupational therapy sessions to the right finger is not medically necessary.