

Case Number:	CM15-0025709		
Date Assigned:	02/18/2015	Date of Injury:	11/12/2013
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/10/2015

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 49 year old female with an industrial injury dated November 12, 2013. The injured worker diagnoses include status post left trigger thumb release, right trigger thumb, bilateral thumb carpometacarpal arthrosis, bilateral forearm tendinitis, trapezial, paracervical and parascapular strain and cervical arthrosis. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, occupational therapy, and periodic follow up visits. In a progress note dated 1/8/2015, the treating physician reported tenderness and triggering at the A-1 pulley of the right thumb. There was also tenderness over the A-1 pulley of the left thumb without triggering. Documentation also noted mild thumb carpometacarpal (CMC) tenderness bilaterally. The treating physician prescribed outpatient occupational therapy to the left thumb/hand two times a week over six weeks. Utilization Review determination on January 23, 2015 modified the request for outpatient occupational therapy to the left thumb/hand for six sessions, citing MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient occupational therapy (OT) to the left thumb/hand two (2) times a week over six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: The injured worker is status post left trigger thumb release on 11/11/2014. He has had at least 18 sessions of occupational therapy following his surgery. Per the MTUS Guidelines, the postsurgical treatment recommended for trigger finger is 9 visits over 8 weeks and the postsurgical physical medicine treatment period is 4 months. The injured worker is outside the postsurgical physical medicine treatment period, so the Chronic Pain Treatment Guidelines apply. 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. This request is in excess of the amount of therapy recommended by the MTUS Guidelines. The injured worker already has had 18 sessions of therapy, and should be adequately prepared for a home exercise program. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for outpatient occupational therapy (OT) to the left thumb/hand two (2) times a week over six (6) weeks.