

Case Number:	CM15-0029518		
Date Assigned:	02/24/2015	Date of Injury:	03/11/2009
Decision Date:	04/03/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/17/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 48 year old female with an industrial injury dated March 11, 2009. The injured worker diagnoses include status post left thumb carp metacarpal arthroplasty, status post bilateral revision carpal tunnel release, and status post right thumb arthroplasty and capsular reconstruction. She has been treated with diagnostic studies, prescribed medications, occupational therapy and periodic follow up visits. According to the progress note dated 12/16/2014, the injured worker reported improvement of left hand pain, five weeks post op. Objective findings revealed well healed incision, anticipated amount of stiffness, stable thumb carp metacarpal joint, full range of motion, and a trace of swelling over the dorsal aspect of the right wrist. The treating physician prescribed services for additional post-op occupational therapy 2 times a week for 6 weeks (12) to the left thumb. Utilization Review determination on January 13, 2015 denied the request for additional post-op occupational therapy 2 times a week for 6 weeks (12) left thumb, citing MTUS Guidelines. On 11/12/14, the patient underwent left CMC arthroplasty and DeQuervains release. The last progress report note is dated 12/16/14 and recommends initiation of physical therapy. On 1/14/15 the patient is noted to be on visit 6. The physician's order is stated as 2 week 6(which implies 12 visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Occupational Therapy 2 times a week for 6 weeks (12) Left thumb: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The patient is a 48 year old female who had undergone left thumb arthroplasty on 11/12/14. By review of the medical record, it appears that the patient had undergone 6 of 12 physical therapy visits. Thus, it would be premature to order additional physical therapy visits until the patient had completed the initial prescribed amount. At that time, if the patient is shown to be making progress functionally and further therapy is indicated, then this can be considered at that time. Until then, an additional 12 visits should not be considered medically necessary. Arthropathy, unspecified (ICD9 716.9): Postsurgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months.