MAXIMUS Federal Services

Case Number:	CM15-0052940		
Date Assigned:	03/26/2015	Date of Injury:	08/03/2013
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, New York, 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 applicant is a represented 23-year-old who has filed a claim for hand, wrist, and finger pain reportedly associated with an industrial injury of August 3, 2013. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve a request for 12 sessions of occupational therapy for the left ring finger. The claims administrator did note that the applicant had undergone earlier partial FDS tendon excision on November 21, 2014, it was incidentally noted. The claims administrator suggested that 24 sessions of occupational therapy had been approved following the earlier ring finger surgery of November 21, 2014. No guidelines were referenced in the determination. The claims administrator stated that its decision was based, in part, on a RFA form dated March 3, 2015.The applicant's attorney subsequently appealed. In an applicant questionnaire dated March 4, 2015, the applicant seemingly suggested that he had failed to return to work. In a Medical-legal Evaluation dated March 4, 2015, it was, in fact, suggested that the applicant was off of work. The applicant had received a left trigger finger release surgery on May 23, 2014 and a left third ring finger tenolysis, partial tendon excision, and tenosynovectomy procedure on November 21, 2014. The medical-legal evaluator acknowledged that the applicant had failed to return to work and was using both pregabalin and diclofenac as of this point in time. Permanent work restrictions were endorsed. The applicant was given a 40-pound limitation, which, the medical-legal evaluator acknowledged, was resulting in his removal from the workplace. In a clinical progress note dated March 12, 2015, the attending provider placed the applicant off of work, on total temporary disability. Lyrica, Voltaren, Protonix, and Ultram were endorsed, while additional physical therapy was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY LEFT RING FINGER X 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier flexor tendon repair surgery on November 21, 2014 as of the date of the request, March 3, 2015. While the MTUS Postsurgical Treatment Guidelines do support a general course of 30 sessions of treatment following flexor tendon repair tenolysis surgery, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c.3 to the effect that postsurgical physical medicine treatment may be continued up to the end of the postsurgical physical medicine period in applicants in whom it is determined that additional functional improvement can be accomplished. Here, however, the applicant was off of work, on total temporary disability, as of the date additional postoperative physical therapy was recommended by the treating physician. The applicant remained dependent on various analgesic and adjuvant medications, including Ultram and Lyrica. One day later, a medical-legal evaluator imposed permanent limitations on March 4, 2015. All of the foregoing, taken together, suggested that the applicant had, in fact, plateaued with earlier physical therapy treatment in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request for additional physical/occupational therapy was not medically necessary.