MAXIMUS Federal Services

Case Number:	CM15-0086788		
Date Assigned:	05/11/2015	Date of Injury:	02/01/2012
Decision Date:	06/16/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/05/2015

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: Florida
Certification(s)/Specialty: Neurology, Pain Management

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 59 year old female, who sustained an industrial injury on 2/1/12. The diagnoses have included hand sprain, joint pain in hand, ulnar nerve lesion, other tenosynovitis of the hand, carpal tunnel syndrome, median neuroma, trigger finger, right middle finger flexor sublimis tenolysis, right middle finger flexor profundus tenolysis and right middle finger sublimis tendon resection. Treatment to date has included medications by mouth, topical medications, diagnostics, cortisone injections, right middle finger surgery dated 2/27/15, physical therapy, and activity restrictions. The diagnostic testing that was performed included x-ray of the right wrist dated 9/4/14 revealed that there may be a styloideum and /or osteophyte along the carpometacarpal junction consistent with carpal boss. Electromyography (EMG)/nerve conduction velocity studies (NCV) dated 9/15/14 with abnormal results. Currently, as per the physician progress note dated 3/20/15, the injured worker returns for follow up visit for post-operative procedure. It was noted that overall she is improving. The pain is rated 6/10 on pain scale in the right hand. She is now 3 weeks post-op and has not been using the hand. The physical exam revealed tenderness over the right hand. The finger range of motion revealed flexion 2 centimeters from palm with active extension and sensation is intact. The physician treatment was for hand therapy. There was previous therapy sessions noted in the records. Work status is to remain off work pending healing and completion of her therapy program. The physician requested treatments included Initial post -operative occupational therapy evaluations for right middle finger 16 sessions, Post- operative occupational therapy for right middle finger

re-evaluations 16 sessions and Post -operative occupational therapy for the right middle finger 16 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial post-operative occupational therapy evaluations for right middle finger 16 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical record report pain in the hand with ROM noting flexion 2 cm from palm and sensation still intact but does not document specific functional goals for 16 additional occupational visits. MTUS supports PT for identified goals up to 12 visits for hand. There is no indication of mitigating circumstances. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for 16 visits of OT. As such initial evaluation is not supported. The requested treatment is not medically necessary.

Post-operative occupational therapy for right middle finger re-evaluations 16 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical record report pain in the hand with ROM noting flexion 2 cm from palm and sensation still intact but does not document specific functional goals for 16 additional occupational visits. MTUS supports PT for identified goals up to 12 visits for hand. There is no indication of mitigating circumstances. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for 16 visits of OT. The requested treatment is not medically necessary.

Post-operative occupational therapy for the right middle finger 16 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical record report pain in the hand with ROM noting flexion 2 cm from palm and sensation still intact but does not document specific functional goals for 16 additional occupational visits. MTUS supports PT for identified goals up to 12 visits for hand. There is no indication of mitigating circumstances. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for 16 visits of OT. The requested treatment is not medically necessary.