

Case Number:	CM14-0122098		
Date Assigned:	08/06/2014	Date of Injury:	09/24/2012
Decision Date:	10/28/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 had a work related injury on 09/24/2012. The mechanism of injury is not described. Most recent clinical record submitted for review is dated 07/01/14. It is noted that the injured worker is in for left thumb which was injured on 09/24/12. He is left hand dominant. There have not been many changes in his condition. The injured worker feels the thumb is worse and he has more pain. He points to the base of the thumb. He states that he has pain basically all the time. Sometimes the pain goes to the volar surface of the wrist. When he strikes the thumb or hits the dorsum of the hand the pain is quite intense. He states he sometimes cannot sleep. He reports not being able to hold onto an object as it will drop from his hand. He has not been taking any medication. He can usually work on full duties. Physical examination left thumb has an enlarged metacarpal joint at the source of the pain. Grinding test is positive. Axial loading is painful. There is subluxation of the joint. There is no crepitus along the flexor tendon sheath. Extensor mechanism has normal function. Thumb flexion on the left is 70 degrees and on the right is 85 degrees at the IP joint. At the MP joint on the left it is 65 degrees and on the right it is 60 degrees. Extension at the IP joint on the left is 32 degrees; on the right it is 30 degrees, MP flexion on the left is 25 degrees and on the right is 0 degrees. There are no sensory or motor deficits of the left hand. Phalen's and compression tests are negative. All digits have normal capillary refill and normal temperature. Radial and ulnar pulses are strong. Diagnoses are left thumb interarticular fracture of the base of the first metacarpal, trapezium metacarpal joint arthritis. Prior utilization review on 07/16/14 was non-certified. Current request is for hand therapy 3 x a week for 2 weeks for the left thumb qty 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy 3x2 left thumb QTY12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand and wrist chapter, Physical/ Occupational therapy

Decision rationale: The request for hand therapy 3 x 2 for the left thumb qty 12 is not medically necessary. There is conflicting information on the request for 3 x a week for 2 weeks for a quantity of 12 visits. The submitted clinical information documented that the injured worker did have a custom splint made for him, as well as attending physical therapy. The last physical therapy note was 6 out of 9 visits. His injury is now over 2 years old and the injured worker should be on a home exercise program, as such medical necessity has not been established.