

Case Number:	CM14-0160437		
Date Assigned:	10/03/2014	Date of Injury:	10/09/2013
Decision Date:	11/06/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/29/2014

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 Physical Medicine and Rehabilitation 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:

This is a 44-year-old female with a 10/9/13 date of injury. She was working as a data clerk when she reported popping in her thumb. According to an 8/12/14 progress note, the patient is status post right trigger thumb release on 7/31/14. Objective findings: surgical site healing well, right thumb well perfused, range of motion deferred, sensation grossly intact. Diagnostic impression: trigger finger. Treatment to date: medication management, activity modification, cortisone injection, home exercise program. A UR decision dated 8/27/14 modified the request for 12 visits of post-operative occupational therapy to 5 visits. This present request for physical therapy exceeds the MTUS recommended frequency of treatment since the MTUS specifies that an initial post-operative course of treatment would constitute one half of the recommended total number of visits, which is 4.5 in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

post-operative occupational therapy visits x 12 to the right hand/thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. However, in the present case, guidelines support up to 9 visits of post-surgical physical therapy over 8 weeks. This is a request for 12 visits, which exceeds guideline recommendations. In addition, a UR decision dated 8/22/14 certified 8 post-operative hand therapy visits to the right thumb and the UR decision dated 8/27/14 modified this request for 12 sessions to certify 5 sessions. It is unclear if the patient has completed these sessions. Therefore, the request for post-operative occupational therapy visits x 12 to the right hand/thumb was not medically necessary.