

Case Number:	CM14-0162788		
Date Assigned:	10/07/2014	Date of Injury:	04/25/2014
Decision Date:	11/07/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/03/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 51-year-old female who reported an injury on 04/25/2013. The mechanism of injury was not provided. On 01/30/2014, the injured worker presented with pain from her neck down to the left middle finger. Upon examination, there was mild to moderate tenderness at the A1 pulley with use of the left middle finger. There was full range of motion to the left middle finger without snapping or locking, and a positive Tinel's sign. Sensory motor examination was intact. The diagnoses were closed fracture of the midline or proximal phalanx or phalanges of the hand, stenosing of the tenosynovitis of the middle finger, left carpal tunnel syndrome, and C7 cervical radiculopathy. Prior therapy included occupational therapy, medications, and probable recommendation for carpal tunnel release. The provider recommended 12 additional occupational therapy visits for the left hand. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional occupational therapy visits for left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-20. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand Chapter (Web Edition), Physical/Occupational Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for 12 additional occupational therapy visits for the left hand is not medically necessary. California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior courses of occupational therapy, as well as the efficacy of the prior therapies. The guidelines recommend up to 10 visits of occupational therapy; however, the amount of previous occupational therapy visits has not been provided. There are no significant barriers to transitioning the injured worker to an independent home exercise program. Additionally, the provider's request for 12 additional occupational therapy visits exceeds the guideline recommendations. As such, medical necessity has not been established.