

Case Number:	CM14-0177834		
Date Assigned:	10/31/2014	Date of Injury:	08/14/2012
Decision Date:	12/08/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopaedic Surgery 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 67-year-old right-handed male electrician sustained an industrial injury on 8/14/12 resulting in the partial amputation of the right thumb. He underwent multiple right thumb surgeries. Past medical history was positive for hypertension and diabetes mellitus. Records indicated the patient had a partial amputation of the distal portion of the right thumb with overgrowth beaking of the remaining hard nail and distal segment atrophy. He had difficulty with fine motor tasks using his thumb and index finger as the beaked hard nail prevented tip to tip pulp pinch. Distal segment reconstruction was recommended to allow pulp to pulp pinch. He underwent right thumb surgery including pedicle flap with V-Y advancement of pulp for soft tissue coverage at the tip of the thumb and nail bed reconstruction on 8/15/14. The patient attended 6 visits of post-op occupational therapy. The 9/29/14 treating physician progress report cited tenderness at the tip of the thumb. Physical exam findings documented the right thumb flap was healed but still mildly tender. Six additional sessions of occupational therapy were requested for desensitization and strengthening of the right thumb. The 10/6/14 utilization review modified the request for 6 visits of occupational therapy for right thumb to 4 visits based on the clinical information submitted and using applicable guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy two times a week for three weeks for the right thumb: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines Page(s): 19. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist and Hand, updated 08/05/2014

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for post-amputation surgical treatment of the thumb, without replantation, generally support 16 visits over 3 months during the 6-month post-surgical period. 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. Guideline criteria have not been fully met. Records indicated that the patient had attended 6 post-op occupational therapy visits with residual mild tenderness. Six additional visits were requested for desensitization and strengthening of the right thumb. There is no clinical evidence of an objective functional benefit with post-op therapy to date. The 10/6/14 utilization review modified the request for 6 additional visits and approved 4 visits. There is no documented functional assessment or compelling reason to support the medical necessity of additional treatment beyond that currently certified. Therefore, this request is not medically necessary.