

Case Number:	CM14-0185473		
Date Assigned:	11/13/2014	Date of Injury:	05/20/2009
Decision Date:	12/19/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/07/2014

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 Occupational 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:

Injured worker (IW) is a 58 year old female who sustained an industrial injury on 05/20/09 when she fell at work and sustained trauma to the right thumb. She is s/p unspecified surgeries to the right thumb in 2011 and 2013. She is s/p microscopic lysis of adhesions of radial digital nerve neuroma of right thumb on 07/08/14. There is no mention of previous postoperative occupational therapy following the most recent surgery. 08/07/14 office note stated that there was successful resolution and improvement following surgery. A physical exam of the hand and thumb was not documented. 08/19/14 office note documented complaints of new onset of increased burning pain in the thumb in area of previous surgery. There was hypersensitivity along the path of the radial digital nerve. Improved mobility with ability to oppose the thumb to the base of the small finger and to extend the thumb was noted. The Metacarpophalangeal (MCP) joint was stable. Initiation of Neurontin was recommended. A request for 8 post-operative occupational therapy sessions was denied following peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op OT RT Thumb: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 OF 127, Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: There is no record of post-operative occupational therapy (OT) following surgery for digital nerve neuroma in July 2014. Initial postoperative evaluation notes document uneventful initial recovery, but several weeks following the procedure IW reported development of burning pain in area of surgery. Symptoms appear to persist despite medication for neuropathic pain, and a course of OT for desensitization appears to be reasonable. The MTUS Post-Surgical Treatment Guidelines are silent concerning therapy following neuroma surgery, but does recommend 8 postoperative therapy sessions for a comparable condition (digital nerve repair). MTUS Chronic Pain Medical Treatment Guidelines recommends 8-10 therapy visits for neuritis. The requested post-operative OT for the right thumb is reasonable and medically necessary.