

Case Number:	CM14-0040906		
Date Assigned:	06/30/2014	Date of Injury:	02/20/2001
Decision Date:	08/20/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/08/2014

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 Nevada. 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 77-year-old female who was reportedly injured on February 20, 2005. The mechanism of injury was noted as cumulative trauma. The most recent progress note dated January 29, 2014, stated that the injured employee was doing better after right thumb CMC surgery and has had 12 sessions of physical therapy with two more approved. No specific physical examination was performed on the right thumb. A thumb Spica splint was discontinued. A request was made for occupational therapy for the right thumb and was not certified in the pre-authorization process on February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2x6 right thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand, Physical Therapy, updated August 8, 2014.

Decision rationale: According to the Official Disability Guidelines (ODG), 16 visits of physical therapy is recommended for postoperative care for surgery such as a carpometacarpal

arthroplasty. According to the medical record, the injured employee has already participated in 12 visits with two more authorized. Considering this, an additional 12 visits of occupational therapy for the thumb is not medically necessary.