

Case Number:	CM14-0211078		
Date Assigned:	12/23/2014	Date of Injury:	08/20/2013
Decision Date:	02/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 64 year old female patient who sustained a work related injury on 8/20/13. The exact mechanism of injury was not specified in the records provided. The current diagnoses include stenosing tenosynovitis of the left thumb; stenosing tenosynovitis of the right thumb, stenosing tenosynovitis of the right index finger, cervical spondylopathy and s/p right trigger finger release on 8/11/14. Per the OT note dated 11/4/14, patient has complaints of feeling of tightness in index finger. Physical examination of the revealed decreased ROM, swelling, and decreased strength. The current medication lists was not specified in the records provided. The patient has had X-ray on 4/9/14 that revealed degenerative changes at the C5-6 interval and EMG on 5/28/14 that revealed that revealed right CTSThe patient had a right trigger finger release on 8/11/14; bilateral carpal tunnel release and bilateral De'Quervain release. The patient was certified for left trigger thumb release. The patient received 2-3 cortisone injection with good relief. The patient has received 10 OT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 times a week for 6 weeks, left thumb: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: CA MTUS Post-Surgical Rehabilitation guidelines cited below recommend 9 visits over 8 weeks and postsurgical physical medicine treatment period is 4 months. Patient has completed 10 sessions of occupational therapy for this injury. The requested additional visits in addition to the occupational certified OT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous occupational visits that is documented in the records provided. Previous OT visits notes were not specified in the records provided. In addition as per cited guidelines "Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The patient is also past the post surgical physical medicine treatment period a valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program for the bilateral wrists is not specified in the records provided. The medical necessity of the request for Occupational Therapy 2 times a week for 6 weeks, left thumb is not fully established in this patient. Therefore the request is not medically necessary.