MAXIMUS Federal Services

Case Number:	CM14-0218112		
Date Assigned:	01/07/2015	Date of Injury:	01/03/2014
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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: California
Certification(s)/Specialty: Orthopedic Surgery

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 58 year old female with a reported industrial injury on January 3, 2014 while performing her usual and customary job duties a customer service/salesperson. In a follow up progress noted by the primary treating physician which the injured worker was seen on October 15, 2014, October 22, 2014 and November 19, 2014 for follow up after release of first extensor tendon compartment and left middle finger release of the proximal pulley of the flexor tendon sheath which was performed on October 9, 2014. The presenting complaints on November 19, 2014, included pain in the left wrist and left middle finger is constant and painful to move left and fingers. The physical exam of the left wrist/hand and left middle finger, on November 19, 2014, revealed tenderness to the proximal interphalangeal joints, positive Tine's sign over the radial sensory nerve, decreased sensation to light touch over all fingertips and the injured worker was able to make a fifty percent full fist. The medical treatment has included completing five of the eight sessions of physical therapy with improvement noted although she is not able to fully bend fingers. Diagnoses are left wrist carpal tunnel syndrome, de Quervain's tenosynovitis, sprain/strain, status post-surgery, right wrist carpal tunnel syndrome, left middle finger stenosing tenosynovitis, status post trigger finger release, left thumb sprain/strain of the CMC joint, greater than the MCP joint, right hand sprain/strain, right middle finger stenosing tenosynovitis and right middle finger , status post trigger finger release. The treatment plan is additional postoperative occupational therapy treatment to the left wrist/hand to further rehabilitate post-surgical intervention as well as to continue functional improvement, medications prescribed, Neurontin, and Relafen discontinue Ibuprofen due to nausea.The last

note for physical therapy was dated August 15, 2014 which reveals worsening ability to open jars and water bottles, decreased strength and moderate to severe fibroses continues palmer fascia. The progress note was hand written and not all of it was legible. On December 10, 2014, the provider requested Additional occupational therapy 2x4 for the left hand, on December 17, 2014, the Utilization Review non-certified the request, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy 2x4 for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 20, 14 visits over a 3 month period is authorized. From the submitted records there is insufficient documentation of how many visits have been performed postoperatively or functional improvement from the exam note of 12/1014. Therefore the determination is for non-certification.