

Case Number:	CM15-0124361		
Date Assigned:	07/08/2015	Date of Injury:	03/08/2013
Decision Date:	08/13/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old female, who sustained an industrial injury on 03/08/2013. She has reported injury to the right hand/wrist and left hand/wrist. The diagnoses have included left trigger thumb; left wrist carpal tunnel syndrome and tendinitis; left thumb basal joint early degenerative joint disease; right wrist carpal tunnel syndrome and tendinitis; De Quervain's tenosynovitis; right thumb basal joint early degenerative joint disease; status post probable right thumb basal joint arthroplasty, on 10/29/2014; status post right carpal tunnel release, right trigger thumb, small trigger digit, on 10/29/2014; status post left carpal tunnel release, on 03/15/2015; and status post relief left middle trigger digit, on 05/13/2015. Treatments have included medications, diagnostics, splinting, physical therapy, and surgical intervention. Medications have included Tramadol and Protonix. A progress report from the treating physician, dated 05/18/2015, documented an evaluation with the injured worker. Currently, the injured worker reports that she is doing well following recent surgery. Objective findings included multiple areas of vitiligo; there is a well-healed mildly tender incision to the right wrist without signs of infection; no tenderness to palpation over the flexor/extensor compartment, carpal canal; no tenderness over the first dorsal compartment, radiocarpal joint, triangular fibrocartilage complex, or distal radioulnar joint; there is satisfactory range of motion of the digits; left wrist has a well-healed, mildly tender incision; there is no soft tissue swelling or infection; there is limited range of motion of the left wrist; left middle digit wound is benign without signs of infection; intact neurovascular status; right thumb has well-healed non-tender incision; there is no tenderness to palpation; no trigger, and limited motion of the interphalangeal joint; left thumb has tenderness

to palpation over the A-1 pulley; there is triggering; there is intact flexion and extension function without instability; there is mild limitation of motion; there is a well-healed non-tender incision to the right small digit; there is no triggering; there is intact flexion and extension function without instability; there is a satisfactory range of motion of the small digit; and there is patchy decreased sensation in the bilateral upper extremities in the median nerve distribution. The treatment plan has included the request for occupational therapy 2x6 to the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2x6 to 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): 22.

Decision rationale: The claimant sustained a work-related injury in March 2013 and underwent a left carpal tunnel release on 03/15/15 and left third trigger finger release on 05/13/15. When seen, she was doing well after surgery. There was decreased left wrist range of motion. After surgery for a trigger finger, 9 therapy treatments over 8 weeks can be recommended. In this case, the number of treatments being requested is in excess of guideline recommendations. The claimant's surgery appears uncomplicated. Providing skilled therapy services in excess of that recommended would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. It was not medically necessary.