

Case Number:	CM15-0126762		
Date Assigned:	07/13/2015	Date of Injury:	04/26/2014
Decision Date:	08/07/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/30/2015

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 50 year old female, who sustained an industrial injury on 4/28/14. The injured worker was diagnosed as having contracture of the hand and left cubital tunnel syndrome. Treatment to date has included left small finger capsulotomy, collateral ligament release, and extensor tenolysis in March 2015. Other treatment included occupational therapy and medication. Physical examination findings of the left hand/wrist on 5/21/15 included mild wrist/hand swelling and no overt motor or sensory deficits. Currently, the injured worker complains of hand pain. The treating physician requested authorization for post-operative physical therapy re-evaluation for the left shoulder, left hand/wrist and post-operative occupational therapy for the left shoulder and left hand/wrist x12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative physical therapy re-evaluation, left shoulder, left hand/wrist, QTY: 1:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in April 2014 and underwent surgical release of left fourth and fifth finger contractures on 03/17/15. As of 06/01/15 there had been 18 post-operative occupational therapy treatments including a home exercise program. When seen on 06/04/15 she had required a manipulation under anesthesia at a prior visit. There was mild swelling. Range of motion was not documented. An additional 12 therapy sessions and re-evaluation were requested. Guidelines recommend up to 24 visits over 2 months following the surgery that was performed. In this case, the claimant has been participating in therapy treatments and an evaluation of her response to the treatments being provided would be expected at each treatment session. A formal re-evaluation is not necessary.

Post-Operative Occupational Therapy (12-sessions) for the left shoulder, left hand/wrist:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

Decision rationale: The claimant sustained a work-related injury in April 2014 and underwent surgical release of left fourth and fifth finger contractures on 03/17/15. As of 06/01/15 there had been 18 post-operative occupational therapy treatments including a home exercise program. When seen on 06/04/15 she had required a manipulation under anesthesia at a prior visit. There was mild swelling. Range of motion was not documented. An additional 12 therapy sessions and re-evaluation were requested. Guidelines recommend up to 24 visits over 2 months following the surgery that was performed. In this case, the claimant has already had therapy and compliance with an independent exercise program would be expected. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.