

Case Number:	CM15-0042509		
Date Assigned:	03/12/2015	Date of Injury:	09/24/2012
Decision Date:	05/11/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female, with a reported date of injury of 09/24/2012. The diagnoses include right middle and ring trigger fingers, status post right middle and ring trigger finger release, and right carpal tunnel syndrome. Treatments to date included oral medications and an electrodiagnostic study of the bilateral upper extremity. The progress report dated 01/19/2015 indicates that the injured worker reported right hand pain with stiffness. She rated the pain 6 out of 10. The injured worker also reported triggering of the right middle finger. The objective findings include a well-healed right hand/wrist surgical wound, a positive right Phalen's test, diminished light touch in the right index, middle, and ring fingers. The treating physician requested occupational therapy of the right hand/wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2-3 times a week for 6 weeks for the right hand and wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: Based on the 01/19/15 progress report provided by treating physician, the patient presents with right hand pain rated 6/10 with stiffness and triggering of right middle finger. The request is for OCCUPATIONAL THERAPY 2-3 TIMES A WEEK FOR 6 WEEKS FOR THE RIGHT HAND AND WRIST. Patient's diagnosis on 01/19/15 included status post right middle ring trigger release 10/06/14, and right carpal tunnel syndrome (sub electrical). Patient's medications include Motrin. The patient is temporarily totally disabled, per 01/19/15 progress report. MTUS postsurgical guidelines, pages 18-20 regarding the forearm, wrist, & hand allows up to 9 sessions of Physical Therapy over 8 weeks for a trigger finger release. The post-op time frame is 4 months. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The patient's surgery was on 10/06/14. RFA dated 01/26/15 was provided. The patient is within post-operative treatment period of 4 months. Per progress report dated 10/27/14, treater plans "post-op Occupational Therapy for right hand 12 sessions 2-3 times a week for 6 weeks (begins 10/28/14)." UR letter dated 02/06/15 states "the claimant was seen after completing 12 sessions of occupational therapy which she reported provided relief." In this case, treater does not discuss why patient cannot move on to home exercise program and needs formalized therapy. There is no discussion of flare-up's or new injury to warrant additional therapy. Furthermore, the request for 12 to 18 sessions exceeds MTUS allowable recommendation. Therefore, the request IS NOT medically necessary.