

Case Number:	CM15-0067838		
Date Assigned:	04/15/2015	Date of Injury:	04/23/2013
Decision Date:	05/20/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/09/2015

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, Hawaii
 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 55 year female who sustained an industrial injury on April 23, 2013. She has reported injury to the neck and shoulder girdle and has been diagnosed with chronic trapezial strain, cervical brachial syndrome, chronic repetitive strain injury of the right and left upper extremity, status post right carpal tunnel release, and status post left carpal tunnel release. Treatment has included activity modification, injection, surgery, medications, and hand therapy. Currently the injured worker had full active and passive range of motion with no locking or triggering. The treatment request included post op occupational therapy to the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative occupational therapy for the right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the right hand. The current request is for Post-operative occupational therapy for the right hand. The treating physician report dated 3/30/15 (8D) states, "She continues to complain that she is unable to use her hands, has no coordination, and is unable to open pill bottles or start IVs". The patient is status post excision of right thumb A1 pulley with tenolysis of the flexor tendon. The MTUS post-surgical guidelines have the following: "Flexor tendon repair or tenolysis Zone 2 and other than Zone 2 (DWC): Postsurgical treatment: Flexor tendon repair or tenolysis Zone 2: 30 visits over 6 months "Postsurgical physical medicine treatment period: 8 months Postsurgical treatment: Other than Zone 2: 20 visits over 3 months "Postsurgical physical medicine treatment period: 6 months". In this case, while the patient may very well be a candidate for post-operative occupational therapy, the current request does not specify a number of visits to be received by the patient and an open ended request is not supported by the MTUS post-surgical guidelines. Therefore, the current request is not medically necessary and the recommendation is for denial.