

Case Number:	CM15-0068478		
Date Assigned:	04/16/2015	Date of Injury:	04/03/2008
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/10/2015

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 63 year old female, who sustained an industrial injury on 04/03/2008. She reported cumulative injuries to her right upper extremity and left upper extremity. The injured worker is currently diagnosed as having right small trigger digit and bilateral carpal tunnel syndrome. Treatment to date has included electromyography/nerve conduction studies, injections, elbow brace, hand therapy, right small finger trigger release surgery on 01/29/2015, and medications. In a progress note dated 03/24/2015, the injured worker presented with complaints of continued wrist, hand, middle finger, elbow, and left shoulder muscle pain. The treating physician reported requesting authorization for occupational therapy.

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 4 weeks bilateral hands (left shoulder not accepted): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines forearm, wrist, & hand Page(s): 18-20.

Decision rationale: This patient is status post right small finger trigger release surgery on 01/29/2015 and presents with complaints of the left shoulder and bilateral hand pain. The current request is for OCCUPATIONAL THERAPY 2-3 times a week for 4 weeks bilateral hands. The Request for Authorization is dated 03/30/15. The MTUS postsurgical guidelines, pages 18-20 regarding the forearm, wrist, & hand allows up to 9 sessions of Physical Therapy over 8 weeks following a trigger finger release. The post-op time frame is 4 months. The Utilization review letter dated 04/03/15 states that the patient has been authorized 8 post op PT sessions. There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the requested 8-12 additional sessions exceeds what is recommended by MTUS following trigger finger release. Furthermore, the treating physician does not discuss why the patient would not be able to transition into a self-directed home exercise program. The requested occupational therapy IS NOT medically necessary.