

Case Number:	CM15-0068625		
Date Assigned:	04/16/2015	Date of Injury:	04/02/2014
Decision Date:	05/20/2015	UR Denial Date:	03/10/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 58-year-old who has filed a claim for chronic thumb pain reportedly associated with an industrial amputation injury of April 2, 2015. In a Utilization Review report dated March 10, 2015, the claims administrator partially approved a request for 12 sessions of physical therapy as 10 sessions of the same. The claims administrator stated that the applicant had undergone an exploration of the thumb wound, ORIF of thumb fracture, and apparent amputation procedure on April 2, 2014. The claims administrator referenced a February 16, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On February 16, 2015, the applicant reported ongoing complaints of thumb pain. The applicant had recently obtained a thumb prosthesis, it was stated. The applicant felt clumsy using the prosthesis and continued to report difficulty performing pinching activities. The applicant did not offer difficulty turning doorknobs. A hypertrophic scar was appreciated about the thumb and index finger with some keloid formation appreciated. The applicant developed issues with stress and anxiety secondary to the injury. Twelve sessions of occupational therapy were endorsed for the purposes of ameliorating the applicant's ability to employ the prosthesis. The applicant also had various issues with scar sensitivity requiring desensitization, it was acknowledged. Twelve sessions of occupational therapy were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, twice weekly for six weeks to the right hand: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Yes, the request for 12 sessions of occupational therapy was medically necessary, medically appropriate, and indicated here. The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier thumb amputation-replantation surgery of April 2, 2014 as of the date of the request, February 16, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. While approval of the request does represent extension of treatment slightly beyond the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia and neuritis of various body part, the diagnosis reportedly present here, this recommendation is, however, qualified by further commentary made on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicant-specific hand therapy is very important in improving function and range of motion in applicants with CRPS or, by analogy, applicants with profound hand and/or finger impairment, as was present here. The applicant had undergone a thumb amputation procedure with subsequent prosthetic implantation. The applicant was described as experiencing difficulty using the prosthesis on February 15, 2015. Certain activities such as gripping and turning doorknobs remain problematic. Treatment slightly beyond MTUS parameters, thus, was indicated here so as to ameliorate the applicant's hand and thumb function following prosthetic implantation. Therefore, the request was medically necessary.