

Case Number:	CM15-0069144		
Date Assigned:	04/16/2015	Date of Injury:	04/15/2010
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/13/2015

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 54-year-old who has filed a claim for chronic thumb pain reportedly associated with an industrial injury of April 15, 2010. In a Utilization Review report dated March 17, 2015, the claims administrator failed to approve request for 12 sessions of occupational therapy. A RFA form received on March 11, 2015 was referenced in the determination. The claims administrator stated that the applicant had undergone a CMC joint arthroplasty, tendon transfer, and first dorsal compartment release surgery on September 10, 2014. The rationale for the denial was quite sparse and somewhat difficult to follow. On September 10, 2014, the applicant underwent a CMC joint arthroplasty, a flexor carpi radialis tendon transfer, tendon transfer of free tendon grafts from abductor pollicis longus, and release of right dorsal compartment. In a physical therapy progress note dated February 4, 2015, it was acknowledge that the applicant was not working as of that point in time. In a Utilization Review report dated January 12, 2015, 12 sessions of occupational therapy were approved. The claims administrator stated that this approval represented approval of total of 24 sessions of postoperative therapy. In a March 26, 2015 RFA form, Methoderm, naproxen, and Prilosec were endorsed, seemingly without any supporting rationale. In an undated occupational therapy form, 12 sessions of occupational therapy were proposed. On January 20, 2015, the applicant was placed off of work, on total temporary disability through February 2, 2015. Work restrictions were endorsed beginning February 2, 2015. The applicant was asked to continue occupational therapy/physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

Decision rationale: No, the request for 12 sessions of occupational therapy was not medically necessary, medically appropriate, or indicated here. The applicant was seemingly outside of the six-month postsurgical physical treatment period established in MTUS 9792.24.3 following earlier tendon transfer surgery of the thumb on September 10, 2014 as of the date of the request, March 11, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were/are therefore applicable. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that prescription for physical therapy should 'clearly state treatment goals.' Here, however, the applicant's response to earlier treatment was not clearly detailed, described, or characterized. The undated physical therapy progress note did not seemingly include any discussion of the applicant's response to earlier therapy. Clear goals for further therapy were not furnished. Several March 2015 progress notes and RFA forms made available to the claims administrator were not seemingly incorporated into the IMR packet. The fact that the applicant was off of work, on total temporary disability, however, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request was not medically necessary.