

Case Number:	CM15-0072642		
Date Assigned:	04/22/2015	Date of Injury:	09/01/2004
Decision Date:	05/21/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 64-year-old female, who sustained an industrial injury on 9/01/2004. She reported pain in both elbows as a result of repetitive tasks. The injured worker was diagnosed as having right thumb carpometacarpal osteoarthritis, status post arthroplasty with trapeziectomy and pinning. Treatment to date has included diagnostics, multiple surgical interventions (most recent trapeziectomy and pinning on 5/05/2014 with 12 post -operative therapy sessions), and medications. Currently (3/27/2015), the injured worker reported that her hand had been feeling good. 12 additional occupational therapy sessions were noted from 1/30/2015 to 3/27/2015. She reported confidence to continue all exercises via home exercise program. Additional occupational therapy sessions (x 12) were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 12 Sessions right thumb: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy 12 sessions to the right thumb is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The guidelines recommend 24 visits over eight weeks for post surgical treatment arthroplasty. In this case, the injured worker's working diagnoses are left thumb recurrent triggering status post revision release; left thumb CMC joint status post arthroplasty with trapeziectomy and pinning; right thumb CMC joint osteoarthritis status post arthroplasty with trapeziectomy and pinning; right thumb recurrent triggering status post release by an outside physician; and left wrist possible carpal tunnel syndrome, resolved. The documentation according to a March 27, 2015 progress note states injured worker completed 12 sessions of postoperative physical therapy/occupational therapy following surgery and made significant gains in range of motion and pain levels. After a delay of approximately 5 months, additional PT/OT was approved for 12 additional physical therapy sessions on January 2015. The treatment plan recommends immobilization with a thumb CMC connector splint as needed and continue physical therapy/occupational therapy program. The injured worker completed the recommended number of physical therapy sessions according to the Official Disability Guidelines. A physical therapy note dated March 27, 2015 states the injured worker completed all 12 authorized visits and will continue all exercises via a home exercise program (HBP). The plan was to discharge the patient. Consequently, absent compelling clinical documentation with objective functional improvement, a clinical indication and rationale for additional physical therapy and compelling clinical facts indicating additional physical therapy is clinically warranted, occupational therapy 12 sessions to the right thumb is not medically necessary.