

Case Number:	CM15-0075319		
Date Assigned:	04/27/2015	Date of Injury:	02/19/2012
Decision Date:	06/01/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/20/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 47 year old male, who sustained an industrial injury on 2/19/2012. He reported a left hand injury with bilateral thumb pain. The injured worker was diagnosed as having stenosing tenosynovitis right thumb and TMC arthritis of both hands. There is no record of a recent diagnostic study. Treatment to date has included steroid injections and medication management. In a progress note dated 3/30/2015, the injured worker complains of pain in both hands at the base of the thumbs, left greater than right. The treating physician is requesting 12 visits of post-operative occupational therapy for the right thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Occupational Therapy 1xWk x 4Wks for the right thumb: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines support the use of physical and occupational therapy, especially active treatments, based on the philosophy of improving strength, endurance, function,

and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed records indicated the worker was experiencing pain at the base of both thumbs. Active therapist-directed occupational therapy would be likely to improve the worker's function if surgery was performed on this area. In light of this supportive evidence, the current request for post-operative occupational therapy weekly for four weeks for the right thumb is medically necessary.