

Case Number:	CM15-0077657		
Date Assigned:	04/29/2015	Date of Injury:	12/14/2009
Decision Date:	05/28/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/23/2015

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 56-year-old who has filed a claim for chronic hand, wrist, and thumb pain reportedly associated with an industrial injury of December 14, 2009. In a Utilization Review report dated April 13, 2015, the claims administrator failed to approve a request for eight sessions of occupational therapy for the thumb. The claims administrator referenced a March 9, 2015 progress note in its determination. The claims administrator stated that I believe that the applicant had had approximately 12 sessions of postoperative occupational therapy to date. The claims administrator stated the presence or absence of extenuating or exceptional factors needed to justify continued therapy were not present here. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant reported ongoing complains of hand, wrist, and digit pain. The applicant had undergone multiple thumb, index digit, and long digit reconstructive surgeries, most recently on right thumb nail bed reconstructive procedure on January 28, 2015. The thumb was apparently healing well. The applicant nail plate was growing slowly. Additional occupational therapy was sought. The applicant was no longer working and was receiving disability benefits, it was acknowledged. Aggressive range of motion and desensitization of the thumb were proposed. On March 9, 2015, the attending provider suggested that the applicant continue physical therapy to desensitize the applicant's still hypersensitive thumb. Sutures were present on the thumb; it was reported on this occasion. Eight sessions of occupational therapy were proposed. The applicant was receiving disability benefits, it was acknowledged.

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 thumb, 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Postsurgical Treatment Guidelines support a general course of 16 sessions of treatment in applicants who undergo amputation of the thumb without replantation and support 36 sessions of treatment for applicants who undergo thumb amputation procedure with replantation. Here, the applicant had apparently undergone a thumb revision reconstruction procedure several years after previous surgeries had been performed. The Postsurgical Treatment Guidelines in MTUS 9792.24.3.c.2 further note that the medical necessity for postsurgical physical medicine treatment is contingent on applicant-specific factors such as comorbid conditions, prior pathology and/or surgery involving the same body part, nature, number, and complexity of surgical procedures undertaken, etc. Here, the applicant had undergone several previous surgeries involving the injured thumb. The applicant had undergone major procedure in the form of an amputation with multiple previous revision procedures. The applicant did have residual hypersensitivity about the digit present on or around the date in question. MTUS 9792.24.3.c.3 further notes that physical medicine treatment can be continued up to end of the postsurgical physical medicine period in those applicants in whom it is determined that additional functional improvement may be accomplished. Here, thus, additional functional improvement was possible here on or around the date of the request. The applicant did have significant residual impairment which was amenable to further therapy. Therefore, the request is medically necessary.