

<b>Case Number:</b>	CM13-0017348		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/11/2001
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 IMR application shows the dispute is with the 8/1/13 UR decision for hand therapy x12 sessions. The 8/1/13 UR letter is from [REDACTED], and denies occupational therapy 2x6 from 7/25/13 -10/25/13. The patient is a 45 year-old female with a 12/11/2001 industrial injury. According to the 6/21/13 report from [REDACTED], the patient underwent flexor tenosynovectomy at the left index finger and trigger release x3 for the left 2nd, 3rd and 4th digits on 1/24/13 by [REDACTED]. [REDACTED] states the carrier has only approved two sessions of post-operative PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 times a week for 6 weeks for the bilateral hands:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, and the ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

**Decision rationale:** According to the MTUS Postsurgical guidelines for flexor tenosynovectomy, the post surgical physical medicine treatment timeframe is 6-months and the

initial course of PT would be 7 sessions (one-half of the general course of 14 PT visits). The surgery was on 1/24/13, so the Postsurgical Guidelines would apply between 1/24/13 and 7/24/13. The medical records provided for review indicate that the patient only had 2 sessions of post-operative PT. The request for 12 sessions of occupational therapy exceeds the MTUS Postsurgical Guidelines. Additionally, the requested treatment period of 7/25/13-10/25/13 is outside the postsurgical physical medicine treatment timeframe. Therefore, the MTUS Chronic Pain guidelines for physical medicine could be referenced. MTUS Chronic Pain Guidelines recommend 8-10 sessions of therapy for various neuralgias and myalgias. The request for 12 occupational therapy sessions after 7/25/13 would also exceed the MTUS Chronic Pain Guidelines. The request for occupational therapy 2 times a week for 6 weeks for the bilateral hands is not medically necessary and appropriate.