

Case Number:	CM13-0033490		
Date Assigned:	12/11/2013	Date of Injury:	02/09/2011
Decision Date:	04/25/2014	UR Denial Date:	09/21/2013
Priority:	Standard	Application Received:	10/10/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, 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 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/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 claimant is a 60-year-old female who was injured in a work related accident on February 9, 2011. She sustained an injury to her left hand as the result of performing repetitive job functions. Records indicate that, following a course of conservative care, the claimant underwent a flexor tenolysis and neuroplasty to the left index digit and ulnar digital nerve on November 13, 2012. It is noted that the claimant underwent a significant course of postoperative physical therapy. The clinical presentation of October 1, 2013 stated that the claimant was with continued subjective complaints of pain and swelling about the left index finger, but she stated that she had been receiving therapy which has been helpful. Objectively, there was noted to be a positive Tinel's sign at the carpal tunnel, and an equivocal Phalen's test; grip strength remained slightly diminished with restricted range of motion about the left index finger. The plan at that time was for the continuation of physical therapy for an additional six weeks. The total number of physical therapy setting in the claimant's postoperative course of care to date is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

**OCCUPATIONAL THERAPY 12 OT SESSIONS 2 TIMES PER WEEK FOR 6 WEEKS
LEFT FINGER:** Upheld

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

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

Decision rationale: The claimant's clinical records indicate that she is now over eighteen months out from the surgical process to the left index finger. She is noted to have undergone a significant and extensive course of formal physical therapy. It would be unclear as to what further physical therapy sessions at this subacute stage of postoperative care would add to the claimant's overall clinical picture that could not be obtained by home exercises alone. While guideline criteria does recommend the role of therapy sparingly in the chronic setting, this individual was noted to have recently undergone further significant course with no additional benefit from objective findings on examination. The request for additional occupational therapy is noncertified.