

<b>Case Number:</b>	CM13-0038462		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 32-year-old female who injured her left hand/wrist on 7/26/12. On 1/3/13 left hand surgery was recommended and on 3/1/13 she had a left hand carpometacarpal ligament reconstruction. In April and May of 2013 she had multiple post operative occupational therapy visits. From 4/18/13 to 7/1/13 she had 12 occupational therapy visits for her left hand/wrist. On 5/14/13 she had occupational therapy and was discharged. Current pain was 5 out of 10 and on 4/18/13 it was 6 out of 10. Extension of the right wrist was 60 degrees and on the left 65 degrees. Wrist flexion was 80 degrees on the right and 70 degrees on the left. She was able to oppose her left thumb to all fingers. It was noted that the left wrist and thumb range of motion were normal. Lateral pinch was 8 per square inch (PSI) on the right and 6 on the left. Her home exercise program was reviewed. On 5/14/13 she was discharged from therapy to follow up with her home exercise program to increase strength. On 7/19/13 she had a decreased hand grip and additional therapy was ordered. She had an additional 12 visits over 6 weeks. The note on 7/19/13 also stated that she had not been to therapy for a month which means that she had occupational therapy in June 2013 also. The request is for additional 16 sessions of occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2 x 8 for the left hand:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

**Decision rationale:** MTUS guidelines indicates the number of occupational therapy visits for the patient's surgery is 18 visits over a 4 month period with a post-operative physical medicine period of 6 months. In this case, the patient's surgery was performed on 3/1/13 and the patient has already had more therapy sessions than indicated per guidelines. The patient had occupational therapy in April 2013, May 2013, June 2013 and after 7/19/13 she had an additional 12 visits. Although, the exact number of therapy sessions was not documented in the file, she has had at least 20 sessions of occupational therapy. The patient was discharged from occupational therapy on 5/14/13 and at that time her left wrist and left thumb range of motion were both normal. There was a slight decrease in the pinch strength of the right 8 per square inch (PSI) versus left 6 (PSI). The patient was to continue her home exercise program. The patient is already past the 6 month period for physical medicine treatment. Since the patient had normal range of motion of her wrist and left thumb on 5/14/13, there is no indication for further occupational therapy since strength can be improved with the home exercise program. The documentation submitted for review does not provide evidence that continued occupational therapy at this point in time is superior to a home exercise program. The request for occupational therapy 2 x 8 for the left hand is not medically necessary and appropriate.