

<b>Case Number:</b>	CM13-0043411		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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:

This is a 41-year-old injured in a work-related accident on 7/3/13. The records for review reveal an acute hand trauma that resulted in irrigation and debridement with a radial digital nerve repair and flap skin graft coverage. The records document that the claimant completed 24 sessions of occupational therapy into September 2013. A progress report dated 10/21/13 showed physical examination of 50 degree flexion contracture of the right long digit at the proximal interphalangeal joint with a 25 degree contracture at the right ring interphalangeal joint and a 10 degree contracture at the right index interphalangeal joint. Due to significant flexion contractures which were stated to be "not resolving with physical therapy," surgical neurolysis was recommended. Prior to the surgical recommendation, a request was made for twelve additional sessions of occupational therapy to the hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OCCUPATIONAL HAND THERAPY TWO TIMES A WEEK FOR SIX WEEKS:**

Upheld

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

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

**Decision rationale:** Based on California MTUS Post-Surgical Rehabilitative Guidelines, continued physical therapy for twelve sessions for the hand would not be indicated. The documentation indicates that the claimant has not achieved a meaningful benefit from over 24 sessions of physical therapy following digital nerve repair. At the last clinical assessment, it was specifically stated that no benefit with physical therapy was noted. Based on the lack of benefit from physical therapy, the current request for twelve additional sessions cannot be recommended as medically necessary.