

<b>Case Number:</b>	CM13-0053600		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	03/02/2009
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Occupational Medicine, 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 patient is a 61-year-old who was injured on March 2, 2009. The mechanism of injury is unknown. Prior treatment history has included OT, hydrochlorothiazide, latanoprost, Lisinopril, and Timoptic. The patient underwent a right trigger finger release performed on May 1, 2013. [REDACTED] note dated December 2, 2013 indicated the patient has healed incisions on the right hand. The patient has mild palmar fascial thickening and mild to moderate tenderness volar radial wrist with mild associated swelling. There is full digital flexion (except for very minimal flexion contracture at middle finger PIP joint). There is a mild decrease in wrist motion. There is no crepitus during passive wrist motion. The neurovascular examination is intact. The patient is diagnosed with 1) Carpal Tunnel Syndrome; 2) Finger/Thumb pain; 3) Trigger Finger/Thumb; 4) Cyst joint; and 5) DeQuervain's Disease. [REDACTED] note dated November 4, 2013 states the patient has continued hand therapy. The patient has continued pain currently at a level of 7/10. The pain improves to 3/10 and worsens to 9/10. The pain remains primarily at volar radial wrist. She has noted pain and clicking over the dorsum of the right hand. She has 6 additional sessions of therapy scheduled. Concentra office note dated October 25, 2013 indicated the patient has been seen for a total of 57 occupational therapy visits. The patient reports that her scar feels sensitive and a little more painful. The patient states that overall her right grip feels weak. The patient indicates that she is off work due to medical restrictions. The patient tolerated the prior treatment without adverse reactions. The patient rated her pain at 6/10. The patient's overall progress is slower than expected. The patient should be seen twice a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OPERATIVE OCCUPATIONAL THERAPY FOR THE RIGHT HAND, TWICE PER WEEK FOR SIX WEEKS: Upheld**

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

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

**Decision rationale:** This is a request for additional occupational therapy for a patient with trigger finger release on 5/1/13 and chronic hand pain. The patient has had multiple OT visits in excess of guideline recommendations for chronic pain or post-operative. However, there has been minimal improvement overall and no clear functional improvement or pain reduction attributable to ongoing occupational therapy. History and examination do not support additional occupational therapy in excess of guideline recommendations. The request for additional post-operative occupational therapy for the right hand, twice per week for six weeks, is not medically necessary or appropriate.