

<b>Case Number:</b>	CM14-0006370		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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:

This is a 37-year-old male with a date of injury. He is status post excision of the right Dupuytren's cord with right partial palmar fasciotomy and right long and ring finger trigger release on October 29, 2013. The patient was seen on December 17, 2013 and it was noted he was making good progress with his physical therapy. Exam findings reveal 5 degree flexion contracture at the right long and ring MCP joints. His scar is well healed. Grip strength is diminished. Additional OT (occupational therapy) was recommended. A UR decision dated December 28, 2013 denied the request given the patient has had twelve occupational therapy visits to date with functional improvement, and it is unclear why the patient has too been transferred to a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE ADDITIONAL SESSIONS OF OCCUPATIONAL THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES, ,

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

**Decision rationale:** According to the Postsurgical treatment for Dupuytren's contracture is twelve visits over eight weeks. The patient has had twelve visits and was noted to have significant functional gains. It is noted in a physical therapy note that the patient has made significant gains with regard to range of motion and ability to make a fist. It was also noted that she was independent in a home exercise program. Another twelve sessions would exceed the treatment guidelines and there is no compelling reason given to continue with occupational therapy at this time. The request for twelve additional sessions of occupational therapy is not medically necessary or appropriate.