

<b>Case Number:</b>	CM14-0184358		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/16/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Orthopedic Surgeon 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 61-year-old female sustained an industrial injury on 4/16/10. Injury was reported to both hands and the right shoulder due to repetitive stress while employed as a hospital environmental service technician. Past medical history was positive for hypertension. Past surgical history included a right carpal tunnel release and right trigger thumb release. The patient underwent right thumb mass removal and right middle finger A-1 pulley repair on 8/19/14. Post-operative hand therapy was initiated for 12 visits on 9/2/14. The 9/23/14 treating physician report cited aching sensation in the right palm. Physical exam documented right thumb incision well-healed. The right middle finger incision in the palm was tender with no locking. The treatment plan recommended continued therapy, follow-up in 4 weeks, and start 30-day H-wave unit trial. The patient remained off work. The 10/23/14 utilization review denied the request for additional occupational therapy to the right thumb as documentation was unclear relative to the current treatment plan and why protracted care was required.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy Right Thumb x8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Trigger finger

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for trigger finger suggest a general course of 9 post-operative visits over 8 weeks during the 4-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. Post-operative occupational therapy was initiated on 9/2/14 for 12 visits. There is no measurable functional improvement documented with therapy provided to date. There is no current functional assessment with specific functional loss and treatment plan to be addressed by additional occupational therapy. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program. Therefore, this request is not medically necessary.