

<b>Case Number:</b>	CM14-0037297		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/16/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 35 year-old with an injury date on 3/16/13. Based on the 1/30/13 progress report provided by [REDACTED] the diagnosis is s/p right hand crush injury with dorsal lacerations s/p multiple hand surgeries and a recent tenolysis surgery on 11/15/13. Exam of right hand on 2/27/13 showed "healed incisions over dorsum of hands/fingers. Significant stiffness and contractures of all joints in fingers. Normal sensation. Unable to make fist or fully extend all digits. Brisk capillary refill in all digits." [REDACTED] is requesting 12 additional post-op occupational therapy sessions. The utilization review determination being challenged is dated 3/20/14 and modifies request to 10 sessions. [REDACTED] is the requesting provider, and he provided treatment reports from 9/26/13 to 3/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Additional Post-op Occupational Therapy: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, & Hand, (MTUS Post-surgical) Page(s): 18-20.

**Decision rationale:** This patient presents with overall pain/stiffness in fingers and is s/p tenolysis/proximal interphalangeal joint dorsal capsule release and collateral ligament release of right index, long, ring, and little fingers. The treater has asked 12 additional post-op occupational therapy sessions on 1/30/14 "as completed 6 sessions of therapy not sufficient." Report dated 1/30/14 shows patient had 6 sessions of physical therapy for 6 weeks following surgery. 3/27/14 report states patient hasn't had physical therapy in prior 2 months. 1/17/14 physical therapy report states range of motion has increased, but patient cannot make a fist and grip strength is still weak. For extensor tendon repair or tenolysis, MTUS postsurgical treatment guidelines recommend 18 visits over 4 months within 6 months of surgery. In this case, patient has completed 6 sessions of physical therapy and appears to be improving per 1/17/14 physical therapy report. Requested 12 additional occupational therapy sessions is reasonable and within MTUS guidelines for patient's postoperative condition. Recommendation is for authorization.