

<b>Case Number:</b>	CM14-0063614		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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:

The patient is a 64-year-old female who has submitted a claim for carpal tunnel syndrome status post right carpal tunnel release on August 28, 2012 and right long finger flexor tenosynovectomy on March 13, 2014 associated with a cumulative trauma injury date of April 30, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of triggering of the right long finger prior to her right long finger flexor tenosynovectomy. Examination prior to the surgery dated February 6, 2014 showed tenderness and triggering at the A1 pulley of the right long finger with diminished grip strength. Examination after the surgery dated March 20, 2014 revealed a well healing wound without evidence of infection. There was mild swelling and slight stiffness without triggering. Treatment to date after right long finger flexor tenosynovectomy has included range of motion exercise, scar massage, nonsteroidal anti-inflammatory medications and lotions. Utilization review from April 25, 2014 partially certified 7 visits of the patient's request of post op occupational therapy 2 times a week for 6 weeks because the guidelines recommend only 7 visits for the initial course of therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Occupational Therapy 2 x week x 6 weeks, Right Long Trigger Finger:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 19, 21.

**Decision rationale:** CA MTUS Post-surgical Treatment Guidelines states that if "postsurgical physical medicine is necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The initial course of post-operative occupational therapy is one half the numbers of visits specified in the general course of therapy for the specific surgery. The recommended number of visits in the general course of therapy for patients who underwent flexor tenosynovectomy is 14 visits over 3 months." Hence, the recommended visits for the initial course of therapy in patients who underwent flexor tenosynovectomy are 7 visits. In this case, the patient has not yet received any post-op occupational therapy and may benefit from 7 visits of initial therapy. However, the requested post-operative occupational therapy of 2x a week x 6 weeks, right long trigger finger exceeds the guideline recommendations. Additional visits may be requested if functional improvement after the initial course of therapy is documented. Therefore, the request for Post-Operative Occupational Therapy Of 2 times a week for 6 weeks, Right Long Trigger Finger is not medically necessary.