

<b>Case Number:</b>	CM14-0066863		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 year old male with a work injury dated 4/1/11. The diagnoses include status post right basilar thumb trapezium resection arthroplasty, flexor carpi radialis tendon transfer for ligament reconstruction tendon interposition right basilar thumb, right carpal tunnel release, and right long finger trigger release on 7/29/13; adhesive capsulitis status post manipulation under anesthesia on 2/13/14, trigger finger, carpal tunnel syndrome, and osteoarthritis. Under consideration is a request for 6 Additional Post-Operative Occupational Therapy (2 times per week for 3 weeks) for the right hand, wrist, and shoulder. There is a progress report dated 4/10/14 in which the patient stated that his range of motion was improving and he was using his hand all the time. The patient stated that he experienced a lot of pain in the wrist and thumb with use and he continued to drop items secondary to lack of strength. He had difficulty with holding tools. Thumb MCP extension/flexion on the right was 45 degrees and thumb interphalangeal extension/flexion on the right was 30 degrees. Index MCP on the right was 85 degrees, index finger PIP on the right was 60, and index finger DIP on the right was 35. Middle finger MCP on the right was 20-80 degrees, middle finger PIP on the right 70, and middle finger DIP on the right was 45 degrees. Ring finger MCP on the right was 70 degrees, ring finger PIP on the right was 80 degrees, and ring finger DIP on the right was 40 degrees. Small finger MCP on the right was 65 degrees, small finger PIP on the right was 90 degrees, and small finger DIP on the right was 45 degrees. The patient had 50/60 degrees of right wrist extension/flexion and 20/15 degrees of right radial/ulnar deviation. Grip test second notch on the right was 45/40/45. Lateral pinch strength on the right was 8 pounds, 3 jaw check pinch test on the right was 2 pounds, and tip pinch test on the right was 2 pounds. A progress note dated 3/28/14 states that the patient reported continued pain of 5/10 with the hand and the shoulder both. The provider

indicated there was no crepitation at the basilar thumb and the provider was able to passively push the patient's fingers to a near full fist with the tips to the palm. The provider indicated the patient had significant stiffness in the fingers after surgical intervention; however, the patient improved with occupational therapy. The provider noted the patient would remain on a modified duty status and was precluded from ladder climbing or heavy lifting with the right hand or forceful grasping of the hand, such as forceful gripping. Per documentation the patient has had at least 40 postoperative physical therapy/occupational therapy (PT/OT) sessions for the right upper extremity (combined hand, wrist, and shoulder) since July 2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**6 Additional Post-Operative Occupational Therapy (2 times per week for 3 weeks) for the right hand, wrist, and shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine p.98-99 Page(s): p.98-99, Postsurgical Treatment Guidelines Page(s): 16;26;22;19.

**Decision rationale:** 6 Additional Post-Operative Occupational Therapy (2 times per week for 3 weeks) for the right hand, wrist, and shoulder are not medically necessary per the MTUS guidelines. The patient is beyond the postoperative period for the right hand, wrist, and shoulder. Altogether he has at least 40 physical therapy sessions. The patient should be versed in a home exercise program at this point. The documentation does not reveal extenuating circumstances that require additional supervised physical therapy. The request for 6 Additional Post-Operative Occupational Therapy (2 times per week for 3 weeks) for the right hand, wrist, and shoulder are not medically necessary.