

<b>Case Number:</b>	CM14-0192712		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 New York. 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 33-year-old female. She has a date of injury of September 24, 2012. She has right hand pain. The patient had surgery on the right thumb. The surgery was performed on July 19, 2014. She continues to have pain. She has had occupational therapy 12 sessions. She continues to have dysfunction in the right hand. On physical examination his swelling of the MP joint of the thumb. She has limited range of motion of the thumb. The thumb joints are noted to be stable. Grip strength is diminished. The patient was encouraged to work with home exercises. At issue is whether additional formal occupational therapy is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy post-operative right thumb #8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG hand chapter, MTUS hand pain chapter

**Decision rationale:** This patient is early had 12 sessions of occupational therapy. The medical records indicate that the patient should be transferred to a home therapy program. There is no

medical indication as to why additional formal occupational therapy should be performed over a home therapy. Guidelines for additional formal occupational therapy not met.

**Micro mini massager:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG hand chapter, MTUS and pain chapter

**Decision rationale:** This device remains experimental for use for patients with chronic hand conditions. This device is not supported by guidelines. Medical literature has not been published clearly demonstrates improved outcomes with the use of this device. The medical records indicate that the patient should be transferred to a home therapy program.

**Dynamic static splinting:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG hand chapter, MTUS hand pain chapter

**Decision rationale:** Dynamic splinting is not supported by guidelines at 0.8 weeks post-operatively. The medical records do not document the medical necessity for use of dynamic splinting at this point post-operatively. The medical records do document that the patient should be transferred to a home therapy program. Guidelines for the use of dynamic splinting not met. Dynamic splinting is not medically necessary at this time.