

<b>Case Number:</b>	CM14-0201029		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	04/24/2006
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Internal Medicine 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 injured worker was a female, who was injured on the job, April 24, 2006. The injured worker injured both hands. The injured worker was diagnosed with left ring finger/flexor tenosynovitis, bilateral thumb CMC arthrosis and bilateral cubital tunnel syndrome. The injured worker was status post bilateral carpal tunnel release with ulnar nerve decompression at the wrists and bilateral trigger thumb releases. According to the progress note of May 28, 2014 the injured worker had developed arthritis and early tendon triggering of the fingers. On July 17, 2014, the injured worker underwent left right finger flexor tenosynovectomy. According to the postoperative note, July 24, 2014, the injured worker was instructed on range of motion exercises and scar massage and would benefit from occupational therapy for the next 6 weeks. The follow-up visit of September 4, 2014, noted to continue with occupation therapy; however no notation was made of any functional improvement or decline in the range of motion of the hands or fingers. The injured worker was the temporary disabled at this time. According to the injured worker the only thing that helps was medication for the pain. The injured worker received an injection with only minor effect. The documentation submitted for review did not include any occupational progress notes to support functional improvement or that the injured worker participated in occupational therapy or home exercise program. On October 28, 2014, the UR denied authorization for 12 Occupational sessions for the left fingers, left hand and right hand. The denial was based on the ACOEM, MTUS and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy, 12 sessions, 2x6, for the left finger(s), left and and right hand:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 114 and on the Non-MTUS Official Disability Guidelines (ODG), Physical/Occupational therapy guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 98-99.

**Decision rationale:** Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, occupational therapy has already been used as a modality and a self-directed home program should be in place. There is also no documentation that prior therapy sessions resulted in functional improvement or goals for additional therapy. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.