

<b>Case Number:</b>	CM14-0209069		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/03/2012
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 years old male patient who sustained an injury on 3/3/2012. The current diagnoses include right palmar fasciectomy, right 3rd flexor tenolysis, status post right index finger stage 2 tendon reconstruction with palmaris longus tendon graft, status post right A2 and A3 pulley reconstruction with flexor tendon graft, status post neurolysis of right index ulnar and 3rd finger radial digital nerves, and status post right 2nd and 3rd flexor tenolysis and right 2nd radial and ulnar and 3rd radial digital nerve allografts. Per the doctor's note dated 12/16/14, he had complaints of right hand and wrist pain and numbness in the right index and middle fingers. The physical examination revealed the index finger and volar wrist and forearm incisions well healed with slight swelling and tenderness, index finger slightly dusky with no evidence of blisters radial aspect, circulation intact with good capillary refill, stiffness of wrist and fingers, limited active flexion of PIP and DIP joint when NP joint blocked, unable to hold in flexed position, index finger lacks 4.0 cm ppl, well healed previous surgical incisions, normal motor sensory examination of the right upper extremity except for numbness index and radial middle fingers. The current medications list is not specified in the records provided. He has undergone a stage II tendon graft for the right index finger with palmaris longus tendon graft on 7/24/14 following a right palmar fasciectomy, right 3rd flexor tenolysis; right index finger stage I tendon reconstruction (tendon excision and hunter rod implant), right A2 and A3 pulley reconstruction with flexor tendon graft, and neurolysis of right index ulnar and 3rd finger radial digital nerves on 02/04/20 14 and a flexor tenolysis of 2nd and 3rd flexor digitorum superficialis and flexor digitorum profundus, nerve allograft of index radial digital nerve, index ulnar digital nerve and

3rd finger radial digital nerve, right index A2 pulley reconstruction with partial flexor digitorum superficialis on 06/17/2013. He has had 32 postoperative OT sessions.

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

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

**Occupational Therapy, 8 sessions, right finger, 2 times per week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** MTUS post-surgical guidelines recommend 26 post op visits over 4 months for this surgery. Patient has already had 32 postoperative occupational sessions for this surgery. Per MTUS post-surgical guidelines, "If postsurgical physical medicine is medically 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." Therefore, the requested additional visits in addition to the previously rendered occupational sessions are more than recommended by the cited criteria. There is no evidence of ongoing significant progressive functional improvement from the previous occupational visits that is documented in the records provided. In addition, per the cited guidelines, "Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Occupational Therapy, 8 sessions, right finger, 2 times per week for 4 weeks is not fully established for this patient at this time. Therefore, the request is not medically necessary.