

<b>Case Number:</b>	CM15-0132524		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	06/01/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 32-year-old male, who sustained an industrial injury on 06/01/2014. On provider visit dated 03/10/2015 the injured worker has reported for follow up on first dorsal compartment release, continues to have pain and forceful grasping. On examination of the upper extremities revealed a healed surgical incision, adhesion to underlying tissue were noted. With thumb flexion, the injured worker was noted unable to fully ulnarly deviate. Adhesions appear to be tendinous and related to the small area that dehisced distally. The diagnoses have included status post first dorsal compartment release with ongoing adhesions and pain. Treatment to date has included therapy and medication. The provider requested occupational therapy, right hand, 2 times wkly for 3 wks, 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy, Right Hand, 2 times wkly for 3 wks, 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

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

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.