

<b>Case Number:</b>	CM15-0136369		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year-old female with a November 1, 2013 date of injury. A progress note dated June 29, 2015 documents subjective complaints (continues to have pain along the scar and stiffness; has started having triggering of the left middle finger), objective findings (mild swelling of the right middle finger, both fingers are swollen as well; incision is slightly hypertrophic; improved range of motion, no residual triggering; proximal interphalangeal joint stiffness especially in the middle finger), and current diagnoses (status post open carpal tunnel release, right middle finger trigger digit release on April 29, 2015). Treatments to date have included surgery, occupational therapy, and home exercise. The medical record indicates that the injured worker had completed six sessions of occupational therapy with alleviation of some of the symptoms. The treating physician documented a plan of care that included eight sessions of occupational therapy for the right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 additional post-operative occupational therapy sessions for the right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 22.

**Decision rationale:** The claimant sustained a work-related injury in November 2013 and underwent an open right carpal tunnel release and trigger finger release in April 2015 followed by 6 post-operative therapy treatments. When seen, the surgery had alleviated her symptoms. She was now having triggering of the left third finger. Physical examination findings included improved range of motion and right third finger PIP stiffness. Additional physical therapy was requested for the right hand. Carpal tunnel release surgery is considered an effective operation that should not require extended therapy visits for recovery. Guidelines recommend up to 8 visits over 3-5 weeks with a post-operative period of three months. After surgery for a trigger finger, 9 therapy treatments over 8 weeks can be recommended. Concurrent therapy treatment would be expected. In this case, the number of treatments being requested is in excess of guideline recommendations. The claimant's surgery appears uncomplicated. Providing skilled therapy services in excess of that recommended would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. It was not medically necessary.