

<b>Case Number:</b>	CM15-0166490		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: 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 61 year old female, who sustained an industrial injury on 02-09-2011. She has reported injury to the upper extremities. The diagnoses have included status post revision left carpal tunnel release with neurolysis; status post left index flexor tenolysis with ulnar digital neuroplasty; status post left index trigger finger release with bowstringing; status post right endoscopic carpal tunnel release; bilateral cubital tunnel syndrome; and right thumb carpometacarpal arthrosis. Treatment to date has included medications, diagnostics, bracing, occupational therapy, home exercise program, and surgical intervention. Medications have included Vicodin and Naprosyn. An occupational therapy evaluation report, dated 06-17-2015, noted that the implemented iontophoresis has significantly reduced inflammation on the index finger flexor tendon; she continues to use her digi-sleeve as well as pulley ring splint to improve finger tendon gliding; the finger continues to bow string without use of the pulley ring; dynamic flexion bands and use of the jobst pump have been continued to improve passive finger flexion; and active finger flexion has improved. A progress report from the treating physician, dated 07-30-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of stiffness and some weakness in the left hand; therapy had been helping; and she is working light duties. Objective findings included there is moderate stiffness in the left index finger; sensation is diminished over the ulnar aspect of the left index finger; there is slight thumb carpometacarpal tenderness on the right; and she had been improving until her therapy was discontinued. The treatment plan has included the request for occupational therapy 1 time a week for 6 weeks (6 sessions) to the left wrist, hand, and finger. The original utilization review, dated 08-20-2015, non-certified a request for 1 time a week for 6 weeks (6 sessions) to the left

wrist, hand, and finger.

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

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

**Occupational therapy 1 time a week for 6 weeks (6 sessions) to the left wrist, hand and finger:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Occupational therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified occupational therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of occupational therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal OT in a patient that has been instructed on a home exercise program for this chronic 2011 injury. Submitted reports have not adequately demonstrated the indication to support further occupational therapy when prior treatment rendered has not resulted in any functional benefit. The occupational therapy 1 time a week for 6 weeks (6 sessions) to the left wrist, hand and finger is not medically necessary and appropriate.