

<b>Case Number:</b>	CM15-0181044		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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:

The injured worker is a 63 year old male, who sustained an industrial injury on September 15, 2013. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for trigger finger and carpal tunnel syndrome. Medical records (April 2, 2015 to July 21, 2015) indicate improvement of the hand following surgery and occupational therapy is helpful. However, there is continued stiffness and difficulty with right hand tight grip. The physical exam (April 2, 2015 to July 21, 2015) reveals inability to make a tight fist with the right hand, soft and supple scars with tenderness, unchanged range of motion, and improved right hand Jamar readings. Surgeries to date have included an open right carpal tunnel release on January 26, 2015 and a release of A1 annular band with flexor tenosynovectomy of the right middle and ring fingers on May 19, 2015. Treatment has included a surgical dressing and ace bandage, at least 10 sessions of postoperative occupational therapy and pain medication. Per the treating physician (July 21, 2015 report), the injured worker remains temporarily totally disabled. On July 28, 2015, the requested treatments included an additional 8 sessions of occupational therapy for work hardening. On August 14, 2015, the original utilization review non-certified a request for an additional 8 sessions of occupational therapy for work hardening.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional occupational therapy 2 times a week for 4 weeks for work hardening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic).

**Decision rationale:** The claimant sustained a work injury in September 2013 while working as an auto body technician and underwent an open right carpal tunnel release in January 2015 and right third and fourth trigger finger release May 2015. As of 07/20/15, he had completed eight occupational therapy treatments after the surgery done in May 2015. When seen, his hand was getting better after surgery. He had stiffness and was having difficulty with tight gripping. He had four more occupational therapy sessions remaining. Physical examination findings included decreased grip strength. He was unable to make a complete fist with his right hand. An additional eight occupational therapy treatments were requested. Recommendations included continued massage and exercise. He was continued at temporary total disability. Criteria for work hardening include deficits that preclude the ability to safely return to work, generally at the medium or higher demand level. There should be evidence of prior treatment with an adequate trial of active physical rehabilitation with improvement followed by a plateau and with no likely benefit from continuation of treatment. In this case, the claimant is continuing his occupational therapy treatments. There is no return to work plan. Work hardening is not medically necessary at this time.