

<b>Case Number:</b>	CM15-0181450		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: 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:

The injured worker is a 50 year old female who sustained an industrial injury 01-27-11. A review of the medical records reveals the injured worker is undergoing treatment for status post left shoulder surgery and bilateral revision carpal tunnel release, trapezial, paracervical, and parascapular strain, bilateral cubital tunnel syndrome and forearm tendinitis, left ring finger flexor tenosynovitis, and status post right ring trigger finger release. Medical records (08-13-15) reveal the injured worker complains of pain in her hands without triggering. The pain is not rated. The physical exam reveals the Tine's sign and elbow flexion tests are positive at the cubital tunnels bilaterally with mild tenderness over the A1 pulley of the right long finger without triggering. Prior treatment includes right shoulder surgery, bilateral carpal tunnel release, injections, home exercise program, physical therapy, topical compounds, medications, and work restrictions. The original utilization review (080310150 non-certified the request for 12 sessions of postoperative occupational therapy to the upper extremities. The medication list include Voltaren, Prilosec and Mentherm gel. The patient had used bilateral wrist splint for this injury. Patient had received 14 post op PT visits after right ring trigger finger release in May 2015. The patient's surgical history includes right CTR on 10/25/11; left CTR on 1/25/12; revision of right CTR on 10/17/13; left shoulder surgery on 6/15/12 and right ring trigger finger release in May 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op occupational therapy to the upper extremities 2x a week for 6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** CA MTUS Post-Surgical Rehabilitation guidelines cited below recommend 9 visits over 8 weeks and postsurgical physical medicine treatment period is 4 months. Patient had received 14 post op PT visits after right ring trigger finger release in May 2015. The requested additional visits in addition to the occupational certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous occupational visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. In addition as per cited guidelines "Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. 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." The patient is also past the post surgical physical medicine treatment period. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program for the bilateral wrists is not specified in the records provided. The medical necessity of the request for Post-op occupational therapy to the upper extremities 2x a week for 6 weeks is not fully established in this patient.