

<b>Case Number:</b>	CM15-0184373		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/17/2010
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 57 year old female who sustained an industrial injury on 5-17-10. A review of the medical records indicates she is undergoing treatment for osteoarthritis of the hand, trigger ring finger of the left hand, bilateral carpal tunnel syndrome, cubital tunnel syndrome, contracture of joint in the hand - bilateral ring finger PIP joints, right greater than left, Dupuytren's contracture of both hands, and diabetes mellitus, type II. Medical records (3-23-15 to 8-10-15) indicate complaints of hand pain and sensitivity. She is status post left carpal tunnel release and cubital tunnel decompression from 6-25-15. The physical exam (8-10-15) reveals "mild Tinel's" of the ulnar nerve at the elbow. Elbow extension is "full". Supination and pronation are "full". Voluntary finger flexion is "restricted but mostly for the ring finger and secondarily the small finger". Monofilament testing is "normal". Diagnostic studies, prior to surgery, included EMG-NCV testing of bilateral upper extremities on 5-2-10 and 5-23-12. EMG-NCV was completed for the left upper extremity on 4-1-15 and the right upper extremity on 6-10-15. Treatment has included preoperative therapy, a splint for bilateral upper extremities at night, injections for triggering of the left ring finger, Voltaren gel, and surgery. The 7-6-15 progress note states "needs therapy ASAP". Effects on activities of daily living are not addressed in the provided records. The request for authorization (9-2-15) includes six sessions of occupational therapy. The utilization review (9-9-15) indicates denial of the request, stating that the request exceeds guideline recommendations for the clinical presentation. It also states, "in addition, the objective outcome of prior therapy including changes in range of motion, strength, and function were not specified in the record review to substantiate the additional request".

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 times a week times 3 weeks-left hand:** Overturned

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

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

**Decision rationale:** Based on the 8/10/15 progress report provided by the treating physician, this patient presents with neck pain, bilateral hand pain with sensitivity/paresthesias at both sites, and paresthesias in the palm. The treater has asked for Occupational therapy 2 times a week times 3 weeks-left hand but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 9/2/15 are ganglion left finger, osteoarthritis, trigger right left hand, CTS bilateral, cubital tunnel syndrome. The patient is s/p left carpal tunnel release, cubital tunnel decompression of left elbow, trigger finger release of left palm, and fasciectomy of left palm from 6/25/15 per operative report. The patient also has anxiety/depression, and wakes up from sleep with wheezing/shortness of breath per 8/10/15 report. In a pre-op visit, the patient cannot close her hand all the way, as the left ring finger in particular will not close, does not snap/pop, and has not flexed for a year per 6/15/15 report. The patient noted increasing stiffness of the left hand per 6/15/15 report. The patient's work status is temporarily totally disabled per 8/10/15 report. MTUS, Postsurgical Treatment Guidelines, Forearm, Wrist, & Hand, page 18-20 states: "Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks; Postsurgical physical medicine treatment period: 4 months...Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Postsurgical treatment: 20 visits over 10 weeks; Postsurgical physical medicine treatment period: 6 months." In this case, the patient is s/p left carpal tunnel release, cubital tunnel release of left elbow, and trigger finger release of left palm from 6/25/15. Physical exam on 8/10/15 showed elbow extension is full but voluntary finger flexion is restricted, mostly for ring finger and small finger. Utilization review letter dated 9/9/15 states that the patient has had 8 sessions of occupational therapy. Review of reports did not indicate efficacy of prior therapy. Although the request is for the patient's left hand, the patient had a cubital tunnel release for which MTUS postsurgical guidelines allow up to 20 visits. The current request for 6 sessions of physical therapy for the left hand appears reasonable for this patient's deficits and continued postoperative recovery. Therefore, the request is medically necessary.