

<b>Case Number:</b>	CM15-0198302		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	02/02/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Emergency Medicine

### 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 41 year old male with an industrial injury dated 02-02-2014. A review of the medical records indicates that the injured worker is undergoing treatment for crushing hand injury. According to the progress note dated 08-19-2015, the injured worker presented for follow up flap debulking and adductor tenolysis. The injured worker reported that he would like to adduct thumb more to get into a glove. Objective findings (08-19-2015) revealed development of some adductor adhesion; pull through present with less force and good interphalangeal (IP) flexion. Treatment has included prescribed medications, at least 37 hand therapy visits and periodic follow up visits. The treatment plan included continuing hand therapy range of motion and activities of daily living and follow up visit. The treating physician prescribed services for occupational therapy twelve sessions (additional hand therapy to the right hand, one or two times a week for six weeks). The utilization review dated 09-24-2015, non-certified the request for occupational therapy twelve sessions (additional hand therapy to the right hand, one or two times a week for six weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy twelve sessions (additional hand therapy to the right hand, one or two times a week for six weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

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

**Decision rationale:** As per MTUS Post surgical guidelines, maximum number of occupation therapy recommended after debulking and tenolysis is a maximum of 30 sessions. Patient has reportedly completed over 36 total therapy sessions with approximately 24 after this specific procedure. The requested number of sessions exceeds guideline recommendation and is not an appropriate request. A request of 6-12 additional sessions is not an appropriate request, provider needs to make a medical decision of number needed and not request a undefined number of sessions. Due to excessive number of sessions and invalid request, additional occupational therapy sessions are not medically necessary.