

<b>Case Number:</b>	CM15-0201185		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Orthopedic Surgery, Hand Surgery, Sports 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 47 year old female who sustained an industrial injury on 04-25-2014. A review of the medical records indicated that the injured worker is undergoing treatment for contracture of the right little finger. The injured worker underwent tenolysis, neurolysis and checkrein release to the right little finger on 08-28-2015. According to the primary treating physician's progress report on 09-29-2015, the injured worker continues to experience pain in the right little finger. Examination noted a 60% contracture of the finger and a well healed wound. The finger is sensitive to touch and the injured worker can get her fingertips into the mid-distal palm. The injured worker had 4 more visits of therapy to complete (12 post-operative authorized) and then "will not require any further therapy". An adequate spring splint was to be worn to help with extension of the proximal interphalangeal joint but the injured worker has not worn it because it is uncomfortable. On 09-09-2015 the primary treating physician noted less pain after the operation with a 15 degrees contracture of the 5th proximal interphalangeal joint. The pin and sutures were removed. According to the physical therapy note on 07-30-2015 home exercise program and texture materials were supplied to the injured worker. Prior treatments have included diagnostic testing, surgery, physical therapy-occupational therapy, home exercise program, hand splints and medications. Current medication was noted as Naprosyn. Treatment plan consists of returning to work 11-01-2015 with modified restrictions and the current request for post-operative occupational therapy times six for the right hand, right finger, QTY: 6. On 10-01-2015 the Utilization Review determined the request for post-operative occupational therapy times six for the right hand, right finger, QTY: 6 was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative occupational therapy times six for the right hand, right finger, quantity: 6 sessions:** Upheld

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

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

**Decision rationale:** This is a request for 6 additional therapy sessions for individual treated with flexor tendon tenolysis for a finger flexion contracture on August 28, 2015. Records document therapy was performed after the 2014 injury & surgery, before the August 28, 2015 surgery and since the 2015 surgery. A note from the treating surgeon on July 28, 2015 notes, "She understands that she will need intensive therapy after the operation and success is not guaranteed. This is a difficult operation to get a good result from, and I have emphasized this with her. Part of the success of the operation is greatly dependent on her ability to proceed with therapy in the post-operative period." A July 30, 2015 note from the treating therapist notes, patient will guard and pull her hand away when attempts are made to touch small finger, even light touch. A September 29, 2015 report from the treating surgeon notes, "She has 4 more visits of therapy and then she will not require any further therapy. The operation has failed to help her. She has a spring splint that she does not wear. She brought the spring splint with her today. It looks like a very adequate splint. It is designed well to do the job of extension of the PIP joint. Unfortunately, she has not worn it, because it is uncomfortable." The California MTUS guidelines for flexor tenolysis on page 20 would be appropriate. In all cases, continued treatment after an initial course of treatment is appropriate only when there is functional improvement as defined on page one of the Guidelines. In this case, it is documented that the injured worker has not been compliant with recommended treatment including use of a spring splint and has failed to make functional gains with therapy. There is no reasonable expectation that additional therapy would result in functional improvement when there was no improvement with prior therapy. Therefore, the requested additional 6 therapy sessions do not meet guidelines and are determined to be unnecessary.