

<b>Case Number:</b>	CM15-0216871		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 62 year old male, who sustained an industrial injury on 8-10-12. The documentation on 9-30-15 noted that the injured worker has complaints of pain of the thumb base with use of his right thumb. There is atrophy of thenar muscle, mild flexion contracture of the interphalangeal joint of the 5th digit and mild to moderate tenderness of the base of the right thumb-anatomical snuffbox-first extensor tendon. Electromyography and nerve conduction study showed evidence of moderate right carpal tunnel syndrome, right radial sensory neuropathy. The injured worker rated his pain score a 2-3 out of 10. The diagnoses have included other tenosynovitis of hand and wrist. Treatment to date has included endoscopic carpal tunnel release and capsulectomy of small finger on 4-6-15; cortisone injection to the right thumb base; paraffin bath; home exercise program for the right hand and 5th digit splint to prevent contracture. The original utilization review (10-8-15) non-certified the request for occupational therapy 2 times a week for 5 weeks for the right thumb.

### 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 for 5 weeks for the right thumb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG-TWC), Chapter: Forearm, Wrist, & Hand (Acute & Chronic) - Physical/Occupational therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Review indicates the patient is s/p endoscopic carpal tunnel release and capsulectomy of small finger on 4-6-15 with post-op therapy and is on a home exercise program. Currently, it is past the post surgical rehab period with chronic treatment guidelines applicable. Occupational therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified occupational therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of occupational therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal OT in a patient that has been instructed on a home exercise program for this chronic 2012 injury. Submitted reports have not adequately demonstrated the indication to support further occupational therapy when prior treatment rendered has not resulted in any functional benefit. The Occupational therapy 2 times a week for 5 weeks for the right thumb is not medically necessary and appropriate.