

<b>Case Number:</b>	CM15-0058509		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 29 year old female, who sustained an industrial injury on 10/29/2013. The current diagnoses are status post right flexor carpi radialis tenosynovectomy with excision of scaphoid osteophytes (10/20/2014) and trapezial/paracervical strain. According to the progress report dated 3/3/2015, the injured worker reports that her pain and mobility are slowly improving with therapy. She is working light duties. Physical examination of the right wrist revealed negative Watson test and limited range of motion. Treatment to date has included surgical intervention and post-operative occupational therapy. Per notes, she continues with ongoing progress with therapy. The plan of care includes 12 additional post-operative occupational therapy sessions to the right wrist. Patient has received 17 OT visits for this injury. Per the doctor's note dated 4/14/15 patient had complaints of pain and stiffness in the right hand. Physical examination of the right hand revealed stiffness, limited range of motion and tenderness on palpation. The medication list includes Voltaren.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-Operative Occupational Therapy 2 times a week for 6 week to the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines M304CA MTUS 2009: 9792.24.3 Postsurgical Treatment Guidelines Page 22, Trigger finger (ICD9 727.03).

**Decision rationale:** Request: Additional Post-Operative Occupational Therapy 2 times a week for 6 week to the right wrist. CA MTUS Post-Surgical Rehabilitation guidelines cited below recommend "Flexor tenosynovectomy [DWC]: Postsurgical treatment: 14 visits over 3 months; \*Postsurgical physical medicine treatment period: 6 months." Patient has received 17 OT visits for this injury. The requested additional visits in addition to the occupational certified OT 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. 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 additional post-operative occupational therapy 2 times a week for 6 week to the right wrist is not fully established in this patient.