

<b>Case Number:</b>	CM14-0146465		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of February 26, 2014. A utilization review determination dated October 20, 2014 recommends non-certification for 12 sessions of occupational therapy for the right hand. Non-certification was recommended since the patient has attended 24 occupational therapy visits to date, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining functional deficits. A progress report dated May 7, 2014 identifies subjective complaints of pain in the 4th and 5th digits (illegible). Objective findings identify "grip R 42". No diagnosis is listed. The treatment plan recommends continuing occupational therapy for the right hand. An operative report dated Feb 26, 2014 indicates that the patient had a removal of 2 nails from the right hand. A progress report dated August 21, 2014 includes subjective complaints of pain in the palm with locking and triggering of the 3rd digit. Physical examination findings identify tenderness over the A1 pulley with palpable module and active locking and triggering. The diagnosis is right 3rd digit stenosis tenosynovitis and edema. The treatment plan recommends a cortisone injection and therapy. A prescription dated September 21, 2014 recommends therapy 2 times a week for 4 weeks. A therapy report dated April 29, 2014 indicates that the patient has completed 10 out of 12 therapy sessions with the diagnosis of right finger proximal phalanx fracture. A report dated July 1, 2014 indicates that the patient has undergone 24 visits of therapy for the diagnosis of right finger proximal phalanx fracture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **12 Sessions of Occupational Therapy for the Right Hand: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand Chapter, Physical Therapy

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 9 visits of therapy for the treatment of trigger finger. Within the documentation available for review, it is acknowledged that the patient has had numerous therapy sessions. However, it seems that all previous therapy sessions have been directed towards the primary injury and surgical rehabilitation. It does not appear that the patient has had any therapy directed specifically towards trigger finger and tenosynovitis. As such, a trial of physical therapy for these diagnoses may be indicated. Unfortunately, the currently requested 12 visits exceeds the number recommended as a trial for these diagnoses. As such, the current request for physical therapy is not medically necessary.