

<b>Case Number:</b>	CM14-0148226		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Hand Surgery and is licensed to practice in Oregon. 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:

The 42-year-old male reported an injury on 10/21/13. The mechanism of injury was a crush injury. The patient was diagnosed with a blunt injury, right hand, with partial tear of extensor tendon, aggravation of a pre-existing fracture of the right second metacarpal head at the metacarpophalangeal (MP) joint with joint space irregularity and status post right extensor tenolysis. The patient underwent a right hand exploration and extensor tenolysis on 2/05/14. The patient was treated with postoperative physical therapy (PT). An initial consultation dated 7/07/14, stated the patient complained of pain at the MP joint of the right index finger. The physician's progress report dated 8/04/14 stated the patient was seen for re-evaluation after receiving an injection in the extensor tendon of the index finger. The patient stated there was significant improvement for approximately one week, and the symptoms had recurred. ROM was no better. Grip strength on the right was 18, 20, 20. The patient was recommended for a right index finger extensor tenolysis, repair extensor communis. A request was submitted for a right postoperative occupational therapy of 12 sessions for the right hand and a postoperative splint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op Occupational Therapy Sessions 3x week for 4 weeks, total 12 sessions, for right hand/fingers:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Rehabilitation, Forearm, Wrist & Hand.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post surgical treatment guidelines Page(s): 20.

**Decision rationale:** This patient underwent extensor tendon tenolysis. According to the MTUS Postsurgical Guidelines, "Extensor tendon repair or tenolysis [DWC]: Postsurgical treatment: 18 visits over 4 months \*Postsurgical physical medicine treatment period: 6 months." The request for 12 visits is consistent with the guidelines that support up to 18 visits following tenolysis. As such, the request is medically necessary and appropriate.