

<b>Case Number:</b>	CM14-0149451		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Orthopedic Surgery, and is licensed to practice 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 61-year-old female sustained an industrial injury on 2/1/12. Injury occurred when the patient struck her left index and middle fingers on a steel machine with onset of bruising and pain. Conservative treatment included physical therapy, occupational therapy, splinting, IMAK glove, injections, and medications without sustained benefit. She underwent a left carpal tunnel release and tenovagotomy of the left index and middle finger flexor sheaths on 5/9/14. The 7/3/14 occupational therapy progress report indicated that the patient had attended 7 sessions with increased tolerance in left hand grip and pinch. There was moderate left thumb pain and difficulty with twisting off lids and pushing. Good compliance was documented with the prescribed home exercise program. The patient completed 8 sessions as of 7/16/14. The 8/7/14 treating physician chart note cited subjective complaint of left palm pain and right shoulder pain. Physical exam documented induration of scars and grip strength 12 pounds right and 8 pounds left. The treatment plan recommended occupational therapy for the left hand and an evaluation with a shoulder surgeon. The patient was unable to work. The 8/19/14 utilization review denied the request for additional occupational therapy as the patient was 3 months post-op, had extensive prior physical therapy, and would be capable of performing a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-Op Occupational Therapy 2 Times a Week for 4 Weeks, Left Wrist, Left Index Finger, and Middle Finger:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16, 22.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. For trigger finger surgery, guidelines support 9 visits over 8 weeks during the 4-month post-surgical treatment period. If it is determined additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The post-surgical treatment period would have expired on 9/9/14. Guideline criteria have not been met. Records suggest that the patient essentially completed the general course of recommended post-surgical treatment as of mid-July with good functional improvement documented. There is no specific functional treatment goal outlined by the treating physician to be addressed by additional supervised occupational therapy. There is no compelling reason why this patient would not be able to complete additional rehabilitation with her home exercise program. Therefore, this request is not medically necessary.