

<b>Case Number:</b>	CM14-0174194		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	01/14/2012
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Occupational 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 female patient with the date of injury of January 14, 2012. A Utilization Review determination dated October 2, 2014 recommended non-certification of 12 continued post-operative occupational therapy 2 times a week for 6 weeks for the left hand/wrist/finger, as an outpatient status post pisiform excision, flexor carpi ulnaris decompression performed on 4/24/14. It is also noted that the patient has already completed 12 postoperative sessions. A Visit Note dated June 9, 2014 identifies History of Present Illness stating pain in the flexor tendon sheath of the ring finger which has worsened following surgery. Examination identifies a palmar scar thickening is present with moderate erythema. Ring finger flexor tendon sheath is tender to direct palpation at the A1 pulley location. Flexion and extension produces crepitus and mild clicking. Assessment identifies adherent scar and flexor nodular tenosynovitis. Treatment Plan identifies PT/OT 2x/week, 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 continued post operative Occupational Therapy 2 times a week for 6 weeks for the left hand/wrist/finger, as an outpatient status post Pisiform Excision, Flexor Carpi Ulnaris decompression performed on 4/24/14: Upheld**

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

[https://www.acoempracguides.org/Hand and Wrist](https://www.acoempracguides.org/Hand%20and%20Wrist); Table 2, Summary of Recommendations, Hand and Wrist Disorders

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 200, 265, Postsurgical Treatment Guidelines Page(s): 8-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy and Carpal Tunnel Syndrome, Physical Therapy

**Decision rationale:** Regarding the request for 12 continued post-operative Occupational Therapy 2 times a week for 6 weeks for the left hand/wrist/finger, as an outpatient status post Pisiform Excision, Flexor Carpi Ulnaris decompression performed on 4/24/14, 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 supports up to 20 sessions. Within the documentation available for review, there is documentation of completion of 12 prior therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request in addition to the already completed sessions exceeds the amount of therapy recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested 12 continued post-operative Occupational Therapy 2 times a week for 6 weeks for the left hand/wrist/finger, as an outpatient status post Pisiform Excision, Flexor Carpi Ulnaris decompression performed on 4/24/14 is not medically necessary.