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| <b>Case Number:</b>   | CM15-0109046 |                              |            |
| <b>Date Assigned:</b> | 06/15/2015   | <b>Date of Injury:</b>       | 08/16/2010 |
| <b>Decision Date:</b> | 07/14/2015   | <b>UR Denial Date:</b>       | 05/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/05/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 31-year-old female, who sustained an industrial injury on 8/16/2010. The mechanism of injury is reported to have occurred while picking up a tray. The injured worker was diagnosed as having carpal tunnel syndrome with surgical release, trigger thumb with trigger surgical release and DeQuervain's tenosynovitis. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 4/23/2015, the injured worker complains of weakness, tenderness and pain in the right thumb. Physical examination showed right thumb tenderness with painful range of motion. The treating physician is requesting 12 occupational therapy visits for the right trigger thumb.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 3 x 4 Right trigger thumb release (x12 visits): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Preface, Physical Therapy Guidelines (2) Forearm, Wrist, & Hand (Acute & Chronic),

physical therapy (3) Carpal Tunnel Syndrome (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in August 2010 and underwent a right carpal tunnel release with trigger thumb release and DeQuervain's tenosynovectomy on 01/26/15. When seen, she was having ongoing pain, tenderness, and weakness. She had completed physical therapy treatments and 14 sessions are documented. There was tenderness with full thumb range of motion but with pain at the extremes. Guidelines recommend up to 12 treatments over 8 weeks following the claimant's surgery with concurrent care expected. In this case, the claimant has already had an appropriate course of post-operative occupational therapy including instruction in a home exercise program. Ongoing compliance would be expected and would not require continued skilled physical therapy oversight and could be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what would be needed to revise the claimant's home exercise program. The request is not medically necessary.