

<b>Case Number:</b>	CM15-0129122		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 66 year old female, who sustained an industrial injury on 1/28/2010. The mechanism of injury is unknown. The injured worker was diagnosed as status post right middle finger release and right cubital and carpal tunnel release. There is no record of a recent diagnostic study. Treatment to date has included 8 physical therapy visits, epidural steroid injection and medication management. In an occupational therapy progress note dated 6/26/2015, the injured worker complains of right middle finger pain, rated 3/10 at rest and 6/10 with activity. Physical examination showed decreased grip strength and range of motion. The treating physician is requesting 6 sessions of occupational therapy for the right middle finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2x3 (right middle finger):** Upheld

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

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

**Decision rationale:** Per the Post-Surgical Treatment Guidelines, the postsurgical physical therapy/occupational treatment period for trigger finger release is 9 visits over 8 weeks and the postsurgical physical medicine treatment period is 4 months. In this case, the injured worker has participated in 8 of 9 authorized occupational therapy visits with 1 session remaining. The available documentation states the injured worker is benefiting from the visits with increased range-of-motion and function. With one visit remaining, the injured worker should be able to continue with a self-directed, home-based rehabilitation program. The request for occupational therapy 2x3 (right middle finger) is not medically necessary.