

<b>Case Number:</b>	CM15-0129874		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	11/04/2014
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Maryland

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

This 42-year-old female sustained an industrial injury to the right hand and wrist on 11/4/14. Previous treatment included occupational therapy, splinting, home exercise and medications. The injured worker underwent right thumb finger A1 pulley release and right carpal tunnel release per operative report dated 1/8/15. She also had a right index finger A1 pulley release on 3/26/15. The injured worker received postoperative hand therapy. In a PR-2 dated 4/30/15, the injured worker reported having deficits with opening bottles and holding the steering wheel. The injured worker was trying to use her right hand normally and was wearing her splints and night only. Physical exam was remarkable for well-healed surgical wounds, thumb in palm posturing with easy passive correction, decreased thumb range of motion and loose composite fist. The physician noted that the injured worker was making very slow progress with a "thumb in palm" posture. The treatment plan included continuing strengthening with additional eight sessions of occupational therapy and continuing splinting. 5/28/15 hand center prescription update document states that the patient had 20 postoperative therapy visits after the first surgery and 16 therapy visits after the second surgery for a total of 36 therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy, 8 sessions to the right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 22 and 15.

**Decision rationale:** Occupational Therapy, 8 sessions to the right hand is not medically necessary per the MTUS Guidelines. The 5/28/15 hand center prescription update document states that the patient has had 36 total visits of therapy, which exceeds the MTUS recommendations for this surgery. The patient is out of the postoperative period and the MTUS encourages a transition to an independent home exercise program. The documentation indicates that a home exercise program was reviewed with the patient who should be well versed in this routine by now. There are not extenuating circumstances, which necessitate 8 more OT sessions to the hand. This request is not medically necessary.