

<b>Case Number:</b>	CM15-0173017		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	04/26/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 4-26-2014. Medical records indicate the worker is undergoing treatment for hand contracture-status post left small finger extensor tenolysis with capsular release and collateral releases and cubital syndrome. A recent progress report dated 8-13-2015, reported the injured worker complained of left hand pain-postoperative hand surgery. Left wrist magnetic resonance imaging showed possible small osseous contusions and a left electromyography (EMG)-nerve conduction study (NCS) was within normal limits. Left wrist-hand x ray showed arthritic changes at the DIPJ of the small finger. Treatment to date has included 24 physical therapy visits after finger surgery, 32 occupational therapy visits and medication management. The physician is requesting additional post-operative occupational therapy 2 times a week for 4 weeks for the left hand and wrist. On 8-26-2015, the Utilization Review noncertified additional post-operative occupational therapy 2 times a week for 4 weeks for the left hand and wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-operative occupational therapy 2 times a week for 4 weeks for the left hand and wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** Additional post-operative occupational therapy 2 times a week for 4 weeks for the left hand and wrist is not medically necessary per the MTUS Guidelines. The MTUS states that for extensor tendon repair or tenolysis 18 postsurgical visits are appropriate and for a PIP/MCP Capsulotomy 24 postsurgical visits are appropriate. The documentation indicates that the patient has had extensive therapy for this condition. There is no extenuating factors that necessitate 8 more supervised therapy visits. The patient should be well versed in a home exercise program. The request for additional postoperative therapy is not medically necessary.