

<b>Case Number:</b>	CM15-0046851		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 29 year old male who sustained an industrial injury on 04/09/2014. He is diagnosed with lumbar disc bulge. A surgical follow up visit dated 01/12/2015 reported the current complaints of persistent locking of the left thumb despite one steroid injection. The assessment noted left trigger thumb despite conservative management including steroid injection. Recommendations included a left thumb release with a short period of occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2x4 for the left thumb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 22.

**Decision rationale:** The California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The injured worker was pending authorization for a left trigger thumb release. The California MTUS Guidelines state postsurgical treatment includes 9 visits over 8 weeks. The current request for an initial 8 sessions of occupational therapy would exceed guideline recommendations, as the California MTUS Guidelines recommend 1 half of the number of visits specified in the postsurgical physical medicine treatment recommendations. As such, this request is not medically necessary.

**DME: LMB splint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Hand Surg Br. 2004 Oct;29(5):458-60.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Any splinting or limitation placed on the hand, wrist, and forearm should not interfere with activity. The injured worker was pending authorization for a trigger finger release. Postoperative occupational therapy would be recommended following the procedure. Immobilization would not be supported. As such, this request is not medically necessary.

**Joint Jack Splint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Hand Surg Br. 2004 Oct;29(5): 458-60.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Any splinting or limitation placed on the hand, wrist, and forearm should not interfere with activity. The injured worker was pending authorization for a trigger finger release. Postoperative occupational therapy would be recommended following the procedure. Immobilization would not be supported. As such, this request is not medically necessary.

**Custom static progressive splint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of static progressive stretch (SPS) therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Static progressive stretch (SPS) therapy.

**Decision rationale:** According to the Official Disability Guidelines, static progressive stretch therapy is recommended as indicated. A mechanical device for joint stiffness or contracture may be considered appropriate for up to 8 weeks when used for joint stiffness caused by immobilization, established contractures when passive range of motion is restricted, or healing soft tissue that could benefit from constant low intensity tension. In this case, the injured worker does not appear to meet criteria as outlined by the Official Disability Guidelines. There was no documentation of a limb abnormality or contracture. There was no evidence of joint stiffness caused by immobilization, nor a restriction of passive range of motion. Based on the clinical information received and the above-mentioned guidelines, this request is not medically necessary.