

<b>Case Number:</b>	CM15-0071062		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Texas, New York, 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 applicant is a represented 26-year-old who has filed a claim for chronic hand pain reportedly associated with an industrial injury of September 11, 2012. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve a request for eight sessions of occupational therapy. The claims administrator referenced a March 6, 2015 order form in its determination, along with a progress note of March 5, 2015. Somewhat incongruously, both the MTUS Chronic Pain Medical Treatment Guidelines and the MTUS Postsurgical Treatment Guidelines were referenced in the determination. The claims administrator noted that the applicant had undergone an earlier right hand exploration, debridement, tenolysis, and repair of extensor digitorum procedure on September 12, 2012. The claims administrator also noted that the applicant had more recently undergone a carpal tunnel release surgery on November 19, 2014 and an extensor tendon tenolysis-tendon transfer procedure on August 13, 2014. The claims administrator did not seemingly state how much prior occupational therapy the applicant had had through this point in time. The applicant's attorney subsequently appealed. On January 9, 2015, the applicant reported ongoing complaints of elbow and digit pain. The applicant reported deficits and grip strength throughout multiple digits. The note was somewhat difficult to follow and mingled historical issues with current issues. The applicant received an elbow corticosteroid injection. The applicant was placed off of work, on total temporary disability, for an additional six weeks. Eight sessions of occupational therapy were endorsed. It was acknowledged that the applicant had been terminated by his former employer. On November 19, 2014, the applicant underwent a right carpal tunnel release surgery, a wrist flexor tendon synovectomy surgery, and

an ulnar nerve release surgery procedure. On March 12, 2015, the applicant reported worsening elbow pain, numbness about multiple digits, difficulty fully extending the digits, and cramping at night. Additional occupational therapy was proposed. A functional capacity evaluation was sought. The applicant was no longer working as he had been terminated by his former employer, it was acknowledged. A 20-pound lifting limitation was endorsed on this date. The attending provider stated that the additional occupational therapy was intended to improve the applicant's range of motion and desensitize the digits and scars through various modalities, including deep tissue massage.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional post-op occupational therapy, twice weekly for 4 weeks, right upper extremity:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 7, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Yes, the request for eight sessions of occupational therapy was medically necessary, medically appropriate, and indicated here. The applicant had undergone earlier carpal tunnel release surgery, ulnar nerve release surgery, and flexor tendon synovectomy surgery on November 19, 2014. The MTUS Postsurgical Treatment Guidelines establish a three-month postsurgical physical medicine treatment period following carpal tunnel release surgery, a six-month postsurgical physical medicine treatment period following extensor tenosynovectomy surgery, and a six-month postsurgical physical medicine treatment period following ulnar nerve entrapment surgery, all of which transpired here on November 19, 2014. The MTUS Postsurgical Treatment Guidelines were, thus, in force as of the date of the request, March 5, 2015. While it was not clearly established how much prior occupational therapy the applicant had had through the date of the request, the postsurgical treatment guidelines in MTUS 9792.24.3.c.2 noted that the medical necessity for postsurgical physical medicine is contingent on a number of applicant-specific risk factors such as comorbidities, prior pathology and/or surgery involving the same body part, number, nature, and complexity of surgical procedures undertaken, and/or an applicant's essential work functions. MTUS 9792.24.3.c.3 further notes that physical medicine treatment may be continued up to the end of the postsurgical physical medicine treatment period in applicants in whom it is determined that additional functional improvement can be accomplished. Here, the applicant did have significant residual physical impairment on the March 12, 2015 progress note at issue. Multiple digits were apparently triggering. The applicant had range of motion defects and painful scars present on that date. The applicant was, however, making some progress as evinced by the attending provider's loosening of work restrictions from visit to visit. Additional functional improvement, thus, was possible. The applicant had undergone multiple surgical procedures. Additional treatment on the order that proposed, thus, was indicated. Therefore, the request is medically necessary.