

<b>Case Number:</b>	CM13-0004780		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Shoulder and Elbow Surgery and is licensed to practice in California and Utah. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 55-year-old female who reported an injury on 06/22/2012. The patient is currently diagnosed with trigger finger, De Quervain's syndrome, sprain and strain of the hand, lumbago, shoulder arthralgia, shoulder impingement and bursitis, lumbar spondylosis without myelopathy, lumbar myofascial sprain and strain, lumbar radiculitis, thoracic radiculitis, and lumbosacral disc degeneration. The patient was seen by [REDACTED] on 08/05/2013. The patient reported 8-9/10 pain in her lower back and 8/10 pain in her wrists. Physical examination revealed 5/5 motor strength in bilateral upper extremities with intact sensation, tenderness to palpation of the lumbar paravertebral musculature, buttock, and sacroiliac joints, slightly diminished range of motion of the lumbar spine, 5/5 motor strength in bilateral lower extremities, intact sensation, normal range of motion of bilateral hands and digits, and positive triggering of the thumb. Treatment recommendations included physical therapy for the lumbar spine and left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2-3 X 4-6 Left Thumb:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Physical Therapy.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. Official Disability Guidelines state treatment for a trigger finger includes 9 visits over 8 weeks postoperatively. There is no indication that this patient has undergone any surgical intervention regarding the trigger finger. The request for occupational therapy 2 times to 3 times per week for 4 weeks to 6 weeks is in excess of guideline recommendations. There is no documentation of a significant musculoskeletal or neurological deficit that would respond to skilled physical medicine treatment. The medical necessity has not been established. Therefore, the request is non-certified.

**Decision for Physical Therapy 2-3 X 4-6 Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Physical Therapy.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. As per the clinical notes submitted, the patient has completed an extensive course of physical therapy for the lumbar spine. Documentation of the previous course of therapy with treatment duration and efficacy was not provided for review. The patient does not demonstrate significant musculoskeletal or neurological deficit that would respond to skilled physical medicine as opposed to an ongoing home exercise program. Based on the clinical information received, the request is non-certified.