

<b>Case Number:</b>	CM13-0006857		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/06/2010
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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/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 64-year-old with date of injury of May 6, 2010. The listed diagnoses per [REDACTED] dated June 26, 2013 are: 1. Right long MP arthrosis 2. Right long finger flexor tenosynovitis 3. Bilateral cubital tunnel syndrome 4. Status post left long MP joint replacement, 2010 5. Status post nonindustrial right small finger Dupuytren's release According to the progress report, the patient complains of increased pain and swelling in the right long finger. The objective finding shows there is slight swelling and tenderness at the right long MP joint. There is also slight stiffness at the right long MP joint and mild stiffness at the left long MP joint. His grip strength is diminished. The Tinel's sign is positive at the cubital tunnels bilaterally. The left elbow flexion test is negative. The treater is requesting twelve occupational therapy visits for the bilateral 3rd fingers.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OCCUPATIONAL THERAPY OF THE BILATERAL THIRD FINGERS, TWICE PER WEEK FOR SIX WEEKS:** Upheld

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

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

**Decision rationale:** This patient presents with right long finger pain. This patient is status post left long MP joint replacement from 2010. The treater is requesting 12 occupational therapy visits for the bilateral 3rd fingers. The Chronic Pain Medical Treatment Guidelines recommends eight to ten visits for myalgia, myositis, and neuralgia-type symptoms. However, there is no guidelines discussion specific to this patient's diagnosis. The patient is certainly outside of post-operative time frame and the treater does not explain how much therapy this patient has had recently and with what progress. The Chronic Pain Medical Treatment Guidelines requires that the treater provide monitoring of the patient. In this case, the treater would like to have to patient continue therapy but does not document recent therapy history, and progress. There is no explanation as to why the patient cannot do the necessary exercises at home for strengthening and range of motion. There are no specific goals mentioned for additional therapy. The request for occupational therapy of the bilateral third fingers, twice per week for six weeks, is not medically necessary or appropriate.