

<b>Case Number:</b>	CM13-0013696		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Anesthesiologist, Pain Medicine, and is licensed to practice in Florida. 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 51-year-old male who reported an injury on 01/11/2013. The patient is diagnosed as status post left ring trigger finger release, status post right ring trigger finger release, status post right trigger thumb release, and right thumb CMC synovitis/arthrosis. The patient was seen by [REDACTED] on 12/06/2013. The patient continued to complain of pain and stiffness in the left hand. Physical examination revealed slight stiffness in the left hand and ring finger with minimal stiffness in the right ring finger. Treatment recommendations included occupational therapy and continuation of ibuprofen and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) occupational therapy visits twice a week for six (6) weeks; continued treatment:** 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): s98-99, Postsurgical Treatment Guidelines Page(s): 22.

**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 a fading of treatment frequency plus active self-directed home physical medicine. Postsurgical treatment following trigger finger release includes 9 visits over 8 weeks. As per the clinical documentation submitted, the patient is status post left ring flexor tenosynovectomy on 06/03/2013. The patient is no longer within the 4 month postsurgical physical medicine treatment period. The patient has previously completed a course of occupational therapy following trigger finger release. Documentation of a significant musculoskeletal or neurological deficit that would require ongoing skilled physical medicine was not provided. Additionally, the current request for 12 occupational therapy visits exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

**Prilosec 20mg #60:** 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): s 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. As per the clinical notes submitted, there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. While continued use of an NSAID is also not authorized, continued use of a proton pump inhibitor cannot be determined as medically appropriate for this patient. Based on the clinical information received, the request is non-certified.

**Ibuprofen 800mg three times a day:** 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): s 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report complaints of pain and stiffness. Satisfactory response to treatment has not been indicated. Additionally, there is no evidence of a failure to respond to first line treatment with acetaminophen as recommended by California MTUS Guidelines. Based on the clinical information received, the request is non-certified.