

<b>Case Number:</b>	CM13-0022727		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	03/20/2003
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 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 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 claimant is a 60-year-old female who was injured in a work related accident on March 20, 2003. Recent PR2 report for review dated August 12, 2013, with treating physician [REDACTED], indicated ongoing complaints of pain about the right shoulder, wrist and bilateral hands, particularly her thumbs. There was noted to be weakness and pain. Physical examination findings showed tenderness at the A1 pulley of the thumbs with triggering with documentation of shoulder and elbow examination not noted. The claimant was diagnosed on that date with a right shoulder strain with internal derangement and impingement syndrome as well as bilateral thumb trigger fingers and a left trigger finger to the left long digit. Recommendations at that time were for an MRI to the right shoulder as well as surgical process to include a trigger finger release with documentation of need for eighteen additional sessions of occupational therapy for the right wrist, right shoulder and bilateral hands for eighteen additional sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy, 18 sessions, 3 times per week for 6 weeks for right wrist, right shoulder, bilateral hands:** Upheld

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

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued physical therapy for eighteen further sessions to the shoulder, hands and wrist would not be indicated. Guideline criteria in regards to therapy in the chronic setting indicate that it can be used sparingly to help control inflammation, swelling and pain in the chronic setting. In regards to myalgias and myositis, it recommends the role of no more than nine to ten visits over an eight-week period of time. Given the specific requested eighteen sessions of therapy, which would exceed clinical Guidelines criteria, the specific request at this chronic stage in the claimant's course of care would not be indicated.