

<b>Case Number:</b>	CM13-0045588		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/12/2004
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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:

This is a 64-year-old female who was injured in a work-related accident on 1/12/04. A recent assessment dated 9/5/13 documented the claimant's diagnosis of "after care following joint replacement." The assessment noted that the claimant had weakness status post a left basal joint arthroplasty performed in 2005. There was no other documentation of surgical process in this case. Physical examination was documented as 4/5 grip strength and thumb abduction strength with tenderness over the left thumb and basal joints. Radiographs reviewed at that date showed a surgically absent trapezium with degenerative changes at the base of the first metacarpal and evidence of prior suture anchor. A course of occupational therapy was recommended for sixteen sessions to the left hand for her current complaints of weakness. The recommendation was also made for continuation of medications in the form of Terocin Cream, Prilosec, Tramadol, and Naprosyn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy for the left hand, 16 visits:** 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 rationale:** Based on California MTUS Chronic Pain 2009 Guidelines, occupational therapy for the left hand for sixteen sessions would not be indicated. The records in this case indicate that the claimant underwent a surgical process greater than eight years ago with continued complaints of weakness. While California MTUS Chronic Pain Guidelines would support the role of physical therapy in the chronic setting, it would typically only recommend up to 9-10 sessions for a diagnosis of myalgias or myositis. Given the claimant's diagnosis of weakness status post the above procedure, the request for sixteen sessions would exceed guidelines criteria, and the specific request would not be supported.