

<b>Case Number:</b>	CM13-0070778		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 49-year-old who reported an injury on January 16, 2012. The mechanism of injury was repetitive motion. The injured worker underwent a release of the right thumb A1 pulley on October 25, 2013 along with a left thumb flexor sheath cortisone injection. The documentation of November 4, 2013 revealed that the right thumb was painful, and the left thumb was better after injection but still triggered. The physical examination revealed that range of motion was 50%, but no triggering was noted. The left thumb revealed localized tenderness and clicking upon range of motion. The diagnoses included right thumb A1 pulley; left thumb flexor sheath cortisone injection; status post bilateral carpal tunnel releases, stable; and right thumb stenosing tenosynovitis with worsening of symptoms status post 2 cortisone injections on October 25, 2013. The treatment plan included that occupational therapy was to be initiated at 3 times a week for 4 weeks for scar massage, range of motion and strengthening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT HAND THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Physical Medicine Treatment.

**Decision rationale:** The Official Disability Guidelines indicate that postinjection treatment for physical therapy is one to two visits over one week. The request as submitted failed to indicate the quantity of sessions being requested. There was a lack of documentation indicating how many sessions the patient had participated in and the remaining functional deficits to support further therapy. The request for left hand therapy is not medically necessary or appropriate.