

<b>Case Number:</b>	CM14-0003402		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	10/29/2011
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 55 year old female with a reported date of injury on 10/29/2011. The mechanism of injury occurred when the injured worker lifted a tote and bent back the right thumb and noted pain. The progress note dated 12/10/2013 reported the pain at 4/10, average pain at 3/10, and worst pain at 9/10. The injured worker complained of pain to bilateral hand, fingers and left forearm described as numbness, with pins and needles sensation, as well as a burning sensation to the right shoulder and elbow. The range of motion testing to the elbow and wrist was within normal limits. The diagnoses listed were status post, trigger finger release, right thumb and carpal tunnel syndrome, bilateral, right greater than left. The progress note also reported a physical therapy evaluation dated 05/01/2013. The request of authorization form dated 12/02/2013 was for occupational therapy to upper right hand due to trigger finger and carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE ADDITIONAL OCCUPATIONAL THERAPY SESSIONS FOR THE RIGHT HAND:** Upheld

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

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

**Decision rationale:** The injured worker is a 55 year old female with a reported date of injury on 10/29/2011. The mechanism of injury occurred when the injured worker lifted a tote and bent back the right thumb and noted pain. The progress note dated 12/10/2013 reported the pain at 4/10, average pain at 3/10, and worst pain at 9/10. The injured worker complained of pain to bilateral hand, fingers and left forearm described as numbness, with pins and needles sensation, as well as a burning sensation to the right shoulder and elbow. The range of motion testing to the elbow and wrist was within normal limits. The diagnoses listed were status post, trigger finger release, right thumb and carpal tunnel syndrome, bilateral, right greater than left. The progress note also reported a physical therapy evaluation dated 05/01/2013. The request of authorization form dated 12/02/2013 was for occupational therapy to upper right hand due to trigger finger and carpal tunnel syndrome.