

Case Number:	CM14-0019287		
Date Assigned:	04/21/2014	Date of Injury:	12/24/2012
Decision Date:	07/02/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/14/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 56-year-old female with a reported date of injury 12/24/2012. The worker was injured while moving coats off of a rack and felt pain to her right thumb and bilateral shoulders. The injured worker rated her pain at 7/10. The injured worker was seen recently in the emergency room and was diagnosed with tendonitis. There is mild tenderness to palpation around the base of the right thumb. The progress noted reported the range of motion was normal flexion, extension, radial and ulnar deviation and sensation was intact. An x-ray was ordered at that time. The request of authorization form was not submitted with the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 2 X 3 ON THE RIGHT THUMB: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The request for occupational therapy 2x3 on the right thumb is non-certified. The injured worker was diagnosed with tendonitis. According to the California Chronic Pain Medical Treatment guidelines, patient-specific hand therapy is very important in reducing

swelling, decreasing pain, and improving range of motion. The injured worker was shown to have normal range of motion and sensation was intact. An x-ray was requested, however, there is a lack of documentation as to whether or not it was done. The injured worker went to the emergency room "recently" and was diagnosed with tendonitis. There is no evidence of a functional deficit in regards to the right thumb. Therefore, the request is non-certified.