

<b>Case Number:</b>	CM14-0019299		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	07/02/2002
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and 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 workder is a 58 year old male who reported an injury on 07/02/2002 due to an unknown mechanism. The clinical note dated 03/04/2014 indicated diagnoses of mononeuritis of upper limb, status post right carpal tunnel release 02/18/2005, status post left carpal tunnel release 06/18/2005, status post right middle finger trigger release 02/04/2011 and right middle finger PIP joint chronic terosynovitis. The injured worker reported right hand and wrist pain rated 8/10 with increased pain of the right middle finger. On physical exam, there was tenderness of the third metacarpal phalangeal with decreased grip strength. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE 3RD FINGER INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The injured worker was diagnosed with mononeuritis of upper limb, status post right carpal tunnel release 02/18/2005, status post left carpal tunnel release 06/18/2005,

status post right middle finger trigger release 02/04/2011 and right middle finger PIP joint chronic tenosynovitis. The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition guidelines indicate most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The guidelines also indicate that intramuscular injections have been used in the treatment of carpal tunnel syndrome in the acute, subacute and chronic phase. The injured worker did not display symptoms consistent with trigger finger such as finger stiffness, locking, or catching. Therefore, the request for 3rd finger injection is not medically necessary.

**SIX (6) OCCUPATIONAL THERAPY SESSIONS FOR THE RIGHT HAND:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The injured worker was diagnosed with mononeuritis of upper limb, status post right carpal tunnel release 02/18/2005, status post left carpal tunnel release 06/18/2005, status post right middle finger trigger release 02/04/2011 and right middle finger PIP joint chronic tenosynovitis. The California Chronic Pain Medical Treatment Guidelines guidelines recommend that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker received therapy in May 2011; there was lack of documentation for functional improvement from therapy. In addition, the injured worker would benefit from continuing at home therapy exercises such as stretching, endurance and range of motion. The number of sessions the injured worker has attended was unclear within the provided documentation. It was unclear if the injured worker had significant functional deficits for which therapy would be indicated. Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request for six (6) occupational therapy sessions is not medically necessary.