

<b>Case Number:</b>	CM14-0165147		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Interventional Spine 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 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 patient is a 55-year-old male with a date of injury of 12/16/2013. This is a request for occupational therapy 2 times a week for the left thumb. The requesting physician is [REDACTED]. [REDACTED] provides no progress reports in the medical file. According to [REDACTED] 07/28/2014 progress report, the patient has a diagnosis of sprain/strain of hand, thumb, and hypoesthesia. The patient complains of left wrist and hand pain with occasional numbness in the thumb only. Examination revealed "palpation-tenderness-left thumb, basilar joint, C-MCP joint first." Grind's test is positive on the left. Examination of the left thumb/wrist revealed "No acute fractures identified. The alignment is normal. Very minimal degenerative changes are seen at the base of the first metacarpal and MCP joint." This is a request for occupational therapy 2 times a week for 3 weeks for the left thumb. Utilization review denied the request 09/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2x3 to the left thumb:** Upheld

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

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

**Decision rationale:** This patient presents with left thumb pain. This is a request for occupational therapy 2 times a week for 3 weeks for the left thumb. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis type symptoms 9 to 10 visits over 8 weeks. Review of the medical file does not clarify how many occupational therapy sessions the patient has received to date. Utilization review from 09/03/2014 indicates that "the claimant had 6 prior sessions of OT." The medical file provided for review includes no occupational therapy treatment reports. In this case, the provider's request for additional 6 sessions with the 6 already received exceeds what is recommended by MTUS. Furthermore, the provider does not discuss why the patient would not be able to transition into a self-directed home exercise program. Therefore, this request is not medically necessary.