

<b>Case Number:</b>	CM14-0035913		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/16/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Internal Medicine 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 24-year-old male with date of injury on 02/16/2013, where he jammed his left thumb into a shoplifting suspect. MRI showed capsulitis of the thumb metacarpophalangeal (MP) joint done in April of 2013. Notes provided state that physical and occupational therapy has helped his pain. He currently is using Norco for pain control. The exam shows tenderness at the thumb, but no other findings are listed in the notes provided. The notes state that his pain continues and fluctuate. The current request is for occupational therapy x 6 sessions and an MRI of the thumb.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Left Thumb:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286.

**Decision rationale:** MTUS guidelines do support MRI for help with diagnosis in thumb complaints. The patient had an MRI in April 2013 and the diagnosis of capsulitis of the first MP joint was given. The patient has had waxing and waning improvement with physical and

occupational therapy and medication. Symptoms still persist per the notes. However, there is no clear documentation that the pain is markedly worse and/or the exam has changed to question that a new problem or diagnosis exists. Therefore, a new MRI of the thumb is not clinically indicated and the request for MRI thumb is not medically necessary.

**Occupational Therapy x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 58-60.

**Decision rationale:** MTUS recommends physical therapy/occupational therapy with re-evaluation in the first two weeks of response. If improvement is seen, further physical and/or occupational therapy should be employed from 6-12 visits as usual course. This patient has had subjective improvement at times; however, there is no clear documentation as to pain scores and/or function. Furthermore, no home therapy program has been discussed to transition to from his past physical and occupational therapy sessions. Based on lack of documentation of benefit of physical/occupational therapy, it is not clear why 6 more physical/occupational therapy sessions are necessary. Furthermore, there is no documentation of new injury or change in his exam that would warrant more physical/occupational therapy. Based on the data provided, the occupational therapy x 6 sessions is not medically necessary.