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| <b>Case Number:</b>   | CM14-0051729 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 08/14/2011 |
| <b>Decision Date:</b> | 08/29/2014   | <b>UR Denial Date:</b>       | 04/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/19/2014 |

### 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 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 underlying date of injury in this case is 08/14/2011. The initial mechanism of injury is not available. Past treatment has included a right carpal tunnel release on 10/01/2013. As of 01/06/2014, an occupational therapy note indicates the patient had been referred with a diagnosis of status post right carpal tunnel release as well as right thumb arthritis. At that time the patient had completed 11 out of 12 authorized treatment sessions. It appears that the treating therapist recommended additional therapy two times a week for 6 weeks with goals of decreasing edema and increasing right hand mobility and decreasing pain and increasing functional strength of the right upper extremity. On 04/01/2014, the treating physician saw the patient in followup regarding right carpometacarpal arthritis and carpal tunnel syndrome. The patient had been progressing well but developed locking in the thumb. The patient was felt to have triggering on exam. A modified brace was recommended. Additionally, the treating physician recommended adding flexor pollicis longus stretching to the trigger finger as well as specific stretching and strengthening to the extensor pollicis longus and extensor pollicis brevis. The treating physician recommended authorization for therapy for four visits to teach strengthening and stretching.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2 times a week times 6 weeks right hand/wrist:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 98-99, recommend an active exercise program specific to a given patient, transitioning to an independent home rehabilitation program. The currently requested 12 visits of additional therapy appear to be recommended by the patient's treating occupational therapist; it is unclear from those notes why additional supervised rather than independent therapy would be indicated. The treating physician note provides very specific documentation of the rationale for teaching the patient new stretching exercises in a particular anatomical distribution. However, that physician recommends 4 therapy visits rather than 12 therapy visits as has currently been requested. Therefore, the current request is not consistent with the medical records and treatment guidelines. This request is not medically necessary.