

<b>Case Number:</b>	CM14-0069145		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year old female with a work injury dated 12/16/13. The diagnoses include carpometacarpal arthritis, right thumb, degenerative, with history of preexisting and exacerbation, with industrial exposure, repetitive motion disease, bilateral wrists, repetitive strain injury, bilateral arm or forearm, left greater than right, strain, left forearm, strain, left thumb, strain, right thumb, ulnar neuritis improving. Under consideration is a request for occupational therapy 2 x 3 for bilateral thumb. There is a primary treating physician report dated 4/21/14 that states that the patient is presenting for bilateral upper extremity pain and discomfort. Her primary complaints involve the thumbs. She states previously her therapy focused on the area of the elbows and forearms. She states she has not had any therapy on the area of the thumb. She is not having any significant numbness and tingling. She states she occasionally gets some numbness into the area of the right hand, but she attributes this to primarily positional factors. She does have pain complaints diffusely throughout the bilateral upper extremities, but again, this is worse at the base of the right thumb. There are some complaints of pain in the area of the elbows, wrists, and forearms. She is tolerating her work duties. She states she does a significant amount of repetitive upper extremity work. She is using metaxalone and Voltaren gel for analgesia on physical exam there is gross visual examination of the bilateral upper extremities is normal. She does not have any atrophy or edema into the forearm or hand. She does not have any tenderness to palpation over the bilateral elbows today. She has full range of motion to the bilateral elbows. She has full range of motion to the bilateral forearms. She has tenderness to palpation over the base of the bilateral thumbs, right greater than left. She has pain on forceful gripping and grasping. Phalen and Finkelstein tests are negative at the bilateral wrists. Ulnar tap test is negative at the bilateral elbows as well. Again, there are no sensory deficits noted. Plain

film radiographs revealed the presence of bilateral carpometacarpal joint osteoarthritis in the area of the thumb. The treatment plan includes a new thumb splint to wear. Plain film radiographs were discussed in detail with the patient. These do show underlying osteoarthritis, which is likely delaying her recovery. She was given a refill of her metaxalone and Ketoprofen gel. The possibility of a corticosteroid injection was discussed which the patient declined at this time. Physical therapy was requested to focus on the bilateral thumbs, as this seems to be the location of her most significant pain 1/28/14 PR-2 report states that on exam the thumb has complete abduction and adduction and complete flexion and extension of the hand and fingers.

### **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 for 3 weeks for bilateral thumb:** Upheld

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

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

**Decision rationale:** Occupational therapy 2 x 3 for bilateral thumb is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The patient has already had 12 visits and continues to have pain. The documentation indicates that the patient has full range of motion of the thumb but is limited by pain. The documentation indicates that the patient has underlying arthritis of the thumb which is a condition that cannot be resolved with additional therapy. There are no significant functional deficits requiring 6 more supervised therapy sessions. The patient should be independent in a home exercise program. The request for occupational therapy 2 x 3 for bilateral thumbs is not medically necessary.