

<b>Case Number:</b>	CM14-0076641		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/12/2009
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Texas. 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 worker is a 55-year-old female whose date of injury is 08/12/2009. Treatment to date includes right trigger finger release on 01/23/14, left thumb trigger thumb injection, hand splint, physical therapy x at least 12 sessions and medication management. Office visit note dated 04/08/4 indicates that assessment is trigger finger, middle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy two times a week for six weeks for the right hand.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines and Physical Medicine: Myalgia and myositis Page(s): 8, 99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

**Decision rationale:** Based on the clinical information provided, the request for occupational therapy two times a week for six weeks for the right hand is not recommended as medically necessary. The injured worker underwent right trigger

finger release in January 2014 and has completed at least 12 therapy visits to date. California Medical Treatment Utilization Schedule guidelines support up to 9 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There is no current, detailed physical examination submitted for review and no specific time-limited treatment goals are provided. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program therefore this request is not medically necessary.