

<b>Case Number:</b>	CM14-0078764		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Occupational 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 injured worker is a 56-year-old female who reported an injury on 10/01/2009. The mechanism of injury was not provided in the records reviewed. The injured worker is diagnosed with right hand index, long, ring and small finger contractures. Current medications include Arthrotec, dose and frequency not provided. Surgical history includes multiple right hand trigger finger releases on unknown dates. Diagnostic studies were not provided in the medical records. Physical therapy and modified duty were listed as treatment. The last progress note dated 04/29/2014, indicated edema in the right hand. On examination, there was full active digital extension and flexion to within 1 centimeter of the distal palmar crease. There was no evidence of instability. Hand sensation was normal throughout the hands. No details were provided regarding the number and outcome of previous therapy visits. A request was made for occupational therapy two times a week for three weeks for the right index, long, ring and small finger. The request was non-certified on 05/03/2014.

### 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 three weeks for the right index, long, ring and small finger:** Upheld

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

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

**Decision rationale:** The request does not contain any information to determine medical necessity. The specific content of the "occupational therapy" requested is not stated. It is unknown whether the therapy is active or passive. The outcome of prior therapy is not stated. The number of prior visits is not known. There is a 24 visit ceiling in California. It is unknown whether fading of treatment has occurred. Therefore, this request is not medically necessary.