

<b>Case Number:</b>	CM14-0208991		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 55 year old female with an injury date of 03/04/13. Based on the progress report dated 10/20/14, the patient is status post-surgical release of the right thumb trigger finger on 04/14/14. Currently, she complains of pain in lower back, neck, shoulder and hand. In progress report dated 11/19/14, the patient complains of pain in the thumb MP joint. Physical examination reveals pain and instability particularly to ulnar deviation stress testing and dorsal volar translation test. Physical therapy report dated 10/08/14 reveals excellent range of motion. The patient rates the right thumb pain at 6-9/10, neck pain at 7-9/10, and low back pain at 8-9/10, as per QME report dated 08/25/14. The patient has received injections for pain relief and is currently taking NSAIDs, as per progress report dated 10/20/14. The patient has been advised to continue home exercises, as per the same report. The patient has been released to full duty, as per progress report dated 10/20/14. MRI of the Lumbar Spine, 03/06/12, as per QME report dated 08/25/14: - Mild degenerative spondylosis throughout the lower lumbar region with borderline stenosis of the central canal. Mild to moderate foraminal stenosis on right at L4-5 EMG/NCV of the Left Lower Extremity, 12/12/12, as per QME report dated 08/25/14: Left S1 radiculopathy Diagnoses, 08/25/14: - Tendinitis of the right thumb with trigger thumb - Strain/sprain of the thoracic spine, resolved - Strain/sprain of the lumbar spine superimposed on previous disc protrusion and radiculopathy of the lumbar spine - Strain/sprain of the cervical spine - Right shoulder strain/sprain, resolved - Right leg contusion, resolved. The provider is requesting for Occupational Therapy 2 times a week for six weeks for the right thumb. The utilization review determination being challenged is dated 12/05/14. Treatment reports were provided from 06/04/14 - 11/19/14.

## 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 6 weeks for the right thumb:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98 and 99, Postsurgical Treatment Guidelines Page(s): 18-20.

**Decision rationale:** The patient is status post-surgical release of the right thumb trigger finger on 04/14/14, as per progress report dated 10/20/14. The request is for Occupational Therapy 2 times a week for six weeks for the right thumb. Currently, the patient complains of pain in the thumb MP joint, as per progress report dated 11/19/14. MTUS, pages 18-21, state that patient undergoing Trigger finger release is eligible for postsurgical treatment: 9 visits over 8 weeks. The post-operative time frame is 4 months. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." The patient is status post-surgical release of the right thumb trigger finger on 04/14/14, as per progress report dated 10/20/14. The QME report dated 08/25/14 states that "Postoperatively she underwent physical therapy for a couple of months..." The most recent progress report, dated 11/19/14, available for review indicates that there is pain and instability particularly to ulnar deviation stress testing and dorsal volar translation test. The provider is now requesting for 12 sessions of occupational therapy. The patient, however, is not within in the post-operative time frame of four months since the Request for Authorization form is dated 12/01/14. MTUS recommends up to 10 sessions in such cases, and the provider's request for 12 sessions of Occupational therapy appears excessive. Hence, the request is not medically necessary.