

<b>Case Number:</b>	CM15-0160973		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	12/11/2014
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39-year-old male, who sustained an industrial injury on December 11, 2014. He reported left thumb pain. The injured worker was diagnosed as having left thumb fracture. Treatment to date has included occupational therapy, surgery, x-rays, toxicology screen, splint and medication. Currently, the injured worker complains of pain located at the base of his left thumb rated at 4 on 10. His work status is temporary total disability. An occupational therapy note dated July 27, 2015 states the injured worker reports decreased pain and improved strength from occupational therapy; however, further treatment is required to reach the set goals. Occupational therapy, 3 x 4 weeks for the left thumb, is requested to decrease pain and restore function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy, 3 x 4 weeks for left thumb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
 Page(s): 18-20.

**Decision rationale:** The patient presents with pain at the base of the LEFT thumb. The request is for occupational therapy, 3 x 4 weeks for left thumb. The request for authorization is dated 07/29/15. The patient is status post ORIF left thumb metacarpal base fracture with traumatic arthritis, 02/20/15. Physical examination reveals mild-moderate-tenderness at the base of the LEFT thumb TMC joint. No crepitus. Moderate circumduction of the TMC joint. LEFT thumb MCP: 0/40; IP: 10/70. Full range of motion LEFT wrist. The patient continues to have pain at the base of the left thumb. He has had some improvement with therapy. Patient's medications include Voltaren, Protonix, and Ultram. Per progress reports dated 07/27/15, the patient is temporarily totally disabled. For Fracture of Metacarpal Bone (hand), MTUS, Post-surgical Section, pages 18-20 allows "Postsurgical treatment: 16 visits over 10 weeks. Postsurgical physical medicine treatment period: 4 months." Treater does not discuss the request. Given the patient's condition, a short course of Occupational Therapy would be indicated. However, per occupational therapy progress note dated 07/27/15, patient had 21 visits of Occupational Therapy sessions. The request for 12 additional sessions of Occupational Therapy would exceed what is recommended by MTUS for this post-op condition. Therefore, the request is not medically necessary.