

<b>Case Number:</b>	CM15-0032624		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Pennsylvania, Ohio, 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 55-year-old male who sustained a work related injury on May 21, 2014, with injuries to his left thumb. He was diagnosed with a left trigger thumb. Treatments included cortisone injection and a consultation with an orthopedic surgeon. Currently, the injured worker complained of ongoing pain and discomfort in the left thumb. On January 27, 2015, a request for additional six occupational therapy visits for a left trigger thumb therapy over four to six weeks was modified to additional three occupational therapy visits for the left trigger thumb, by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional visits of occupational therapy for the left trigger thumb over 4-6 weeks:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Section 24.3 Pages 10-11.

**Decision rationale:** MTUS Post-operative treatment guidelines recommend additional occupational therapy if the surgeon or surgeon's designee documents functional progress from initial therapy and a rationale/goals for continued therapy. The available physician post-operative records are limited and do not clarify a rationale or indication or goals for additional therapy consistent with MTUS. This request is not medically necessary.