

<b>Case Number:</b>	CM14-0115124		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 New York and North Carolina. 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:

This patient, a 61 year old right-hand-dominant man, claims injury 5/19/14 when he caught his left hand in an electric motor, and is appealing the 7/6/14 denial of occupational therapy twice per week for six weeks of the left thumb and wrist. He lacerated his hand in 2003, and now has pain and triggering at the A1 pulley of the thumb. He has been diagnosed with left trigger thumb, left wrist pain, foreign body left hand, and numbness in the left hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 X 6 for the left thumb, wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Forearm, Wrist, and Hand (Acute & Chronic) Physical/Occupational Therapy Guidelines Trigger finger.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-271.

**Decision rationale:** The guidelines call for home exercises (with instruction) with optional at-home application of hot/cold treatments. This does not necessitate 12 visits of therapy. Physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment,

transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms, so there is no need for prolonged treatment outside of the home. The requested visits to occupational therapy is not medically necessary.