

<b>Case Number:</b>	CM15-0118143		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	04/23/2015
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 64-year-old female with an industrial injury dated 04/23/2015. The mechanism of injury is documented as occurring while cleaning a patient's teeth with a hand scaler resulting in a sharp stabbing pain in her thumb which radiated up her arm. Her diagnosis was right thumb strain. Prior treatment included medications, wrist/thumb splint and hot/cold therapy pack. She presents on 06/08/2015 with complaints of right thumb pain. Physical exam noted right basal thumb tenderness. X-rays dated 04/29/2015 showed degenerative joint disease of right hand. Treatment plan included occupational therapy biweekly times 4 weeks. The treatment request is for occupational therapy (OT) two times four for the right thumb.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OT 2x4 Weeks for The Right Thumb:** Upheld

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

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

**Decision rationale:** OT 2x4 Weeks for the right thumb is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior therapy of 12 visits. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 8 more supervised therapy visits therefore this request is not medically necessary.