

<b>Case Number:</b>	CM15-0099323		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 55-year-old male who sustained an industrial injury on 09/01/2011. Current diagnoses include status post left middle trigger finger release, status post right middle and ring trigger finger releases, and bilateral carpal tunnel. Previous treatments included medication management, surgery, and physical therapy. Report dated 03/24/2015 noted that the injured worker presented with complaints that included slight improvement after physical therapy, decreased pain in the right ring finger and right middle finger with pain radiating to the palm area with burning pinching sensation, occasional numbness and tingling in the right hand in the mornings, and continued left middle finger pain with radiation to the palm area with burning pinching sensation. Pain level was 2-3 out of 10 (right ring finger), 4-5 out of 10 (right middle finger), 2-3 out of 10 (left middle finger), and 5 out of 10 (palm) on a visual analog scale (VAS). Physical examination noted the results of the JAMAR grip strength. The treatment plan included follow up in 4-6 weeks, continue occupational therapy, and continue with Voltaren gel. Disputed treatments include 12 sessions of occupational therapy for the left middle finger, right middle finger and right ring finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of occupational therapy for the left middle finger, right middle finger and right ring finger: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

**Decision rationale:** The patient presents with pain in the right ringer finger, rated 5-6/10, and right middle finger, rated 5/10, that radiates to the palm area with burning pinching sensation. The request is for OCCUPATIONAL THERAPY FOR THE LEFT MIDDLE FINGER, RIGHT MIDDLE FINGER AND RIGHT RING FINGER. Patient is status post left finger trigger release and right middle and ring finger trigger releases, dates unspecified. Per 03/24/15 progress report, patient's diagnosis include status post left middle trigger finger release, status post right middle and ring trigger finger releases, bilateral carpal tunnel syndrome, history of diabetes, and complains of anxiety, depression, sleep difficulty treatment denied by carrier. Patient's medication, per 10/04/14 progress report include Anaprox and Prilosec. Patient is permanent and stationary. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. " MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. "In this case, only two progress report were provided. Patient suffers from pain in the right ring and middle fingers and left middle finger and is status post left finger trigger release and right middle and ring finger trigger releases, dates unspecified. A short course of physical therapy would be indicated by guidelines given patient's symptoms. However, review of the medical records provided indicate that the patient has completed 12 sessions of physical therapy from 03/03/15 and 03/26/15. The request for 12 sessions exceeds what is allowed by MTUS for patient's condition. Therefore, the request IS NOT medically necessary.