

<b>Case Number:</b>	CM13-0061930		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	12/31/2009
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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:

The injured worker is a 63-year-old female who reported an injury on 12/31/2009 secondary to repetitive movements. The clinical note dated 10/28/2013 reported the injured worker complained of bilateral hand and wrist pain and finger strain. The physical exam reported bilateral hand, wrist, and finger joints have active and passive range of motion with well-preserved muscle bulk, joint contusion, coordination, strength and sensation. The deep tendon reflexes were 2+. The diagnoses included bilateral wrist, hand and finger strain and moderately diffuse osteoarthritis of both hands. The treatment included a strict follow-up with her private primary care physician due to the osteoarthritis pain medication. The injured worker requested occupational therapy. The request for authorization was submitted on 10/28/2013. A clear rationale for the request was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OCCUPATIONAL THERAPY FOR THE BILATERAL HANDS/WRIST/FINGERS, QUANTITY 6: Upheld**

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

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

**Decision rationale:** The injured worker has a history of bilateral wrist, hand and finger strain, and moderately diffuse osteoarthritis of both hands. According to the Chronic Pain Guidelines, physical medicine may be recommended in the treatment of unspecified myalgia and myositis at nine to ten (9-10) visits over eight (8) weeks in order to promote functional improvement. However, the clinical information submitted failed to provide legible details regarding her previous treatment, including the number of visits completed and objective functional gains made. In addition the most recent clinical note provided failed to show evidence of current functional deficits. Therefore as the guidelines support nine to ten (9-10) visits to promote functional improvement, in the absence of current functional deficits and details regarding previous physiotherapy treatment, the request is not supported. Therefore this request is non-certified.