

<b>Case Number:</b>	CM13-0069713		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 patient is a 38 year old female who was injured on 08/19/2013 while she was lifting a heavy backpack. Prior treatment history has included a report dated 11/13/2013 reporting the patient received 6 sessions of occupational therapy with functional improvement. Progress notes dated 11/27/2013 documents the patient with pain of the right wrist. She reports she has been feels pain over the dorsum of right wrist described as 5/10. Objective findings on examination of the wrists and hands reveal tenderness f right FCU tendon. There is full range of motion of the wrists and hands. Negative carpal compression test bilaterally. Negative Tinel's and Phalen's bilaterally. Sensation is within normal limits throughout bilateral limbs. Examination for stability of joint/laxity/dislocation/subluxation is none seen. Diagnoses: 1. Strain of wrist 2. Tendinitis of wrist 3. De Quervain's tenosynovitis Assessment: The patient's condition improved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OCCUPATIONAL THERAPY X6 RIGHT WRIST: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand; Physical/Occupational Therapy.

**Decision rationale:** As per (ODG) Official Disability Guidelines, Physical or Occupational therapy (OT) allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. The guidelines recommend 9 visits of OT over 8 weeks for Tenosynovitis and Strain of the wrist joint. On the other hand, they recommend 12 visits over 8 weeks for the de Quervain's Tenosynovitis. The available medical records document equivocal Finkelstien's test of the right thumb, and therefore the diagnosis of de Quervain's tenosynovitis is not confirmed. She has completed 6 OT sessions with functional improvement. The records do not indicate abnormal hand grip strength on the clinical assessment. Accordingly, the request for additional 6 sessions of Occupational Therapy exceeds the guidelines recommendation, and therefore it is not medically necessary.