

<b>Case Number:</b>	CM14-0018224		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Physical Medicine and Rehabilitation 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:

This 37 year-old patient sustained an injury on 4/10/13 while employed by [REDACTED]. Request under consideration include 6 sessions of occupational therapy to left hand and left forearm. EMG/NCV of 8/26/13 was normal. MRI of left elbow dated 7/11/13 was normal. Conservative care has included therapy, medications, and modified activities/rest. Current medications list Gabapentin, Tramadol/Acet, and Naproxen. Report of 1/14/14 from the provider noted the patient with chronic constant burning pain to left wrist and elbow associated with numbness and tingling with radiating into the neck. Exam showed left wrist with tenderness on palpation; full range of motion; motor strength of 5/5; and decreased sensation to left wrist. Diagnoses include left hand/wrist tenosynovitis. The request for 6 sessions of occupational therapy to left hand and left forearm was non-certified on 1/24/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 SESSIONS OF OCCUPATIONAL THERAPY TO LEFT HAND AND LEFT FOREARM: Upheld**

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

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

**Decision rationale:** This 37 year-old patient sustained an injury on 4/10/13 while employed by [REDACTED]. Request under consideration include 6 sessions of occupational therapy to left hand and left forearm. EMG/NCV of 8/26/13 was normal. MRI of left elbow dated 7/11/13 was normal. Conservative care has included therapy, medications, and modified activities/rest. Current medications list Gabapentin, Tramadol/Acet, and Naproxen. Report of 1/14/14 from the provider noted the patient with chronic constant burning pain to left wrist and elbow associated with numbness and tingling with radiating into the neck. Exam showed left wrist with tenderness on palpation; full range of motion; motor strength of 5/5; and decreased sensation to left wrist. Diagnoses include left hand/wrist tenosynovitis. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, intact clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. The 6 sessions of occupational therapy to left hand and left forearm are not medically necessary and appropriate.