

<b>Case Number:</b>	CM14-0137152		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Family 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:

This is a 42-year-old female patient who reported an industrial injury on 7/30/2013, 14 months ago, attributed to the performance of her usual and customary job tasks reported as repetitive gripping and lifting as well as keyboarding and using a mouse. The patient is diagnosed with radial styloid tenosynovitis and right wrist sprain/strain. The patient complains of right wrist discomfort. The patient has been documented to have received 22+ sessions of physical therapy as documented by PT/OT daily progress notes. The patient has received functional improvement through the use of PT/OT to the right wrist. The patient is documented to have received a corticosteroid injection to the right wrist. The MRI of the right wrist was assessed as normal. The patient has started to complain of pain to the left shoulder related to repetitive stress. The objective findings on examination included radial tunnel tenderness on the right and mild radial tunnel tenderness on the left; mild tenderness over the first dorsal compartment bilaterally; mild trapezial and para-cervical tenderness on the left; impingement sign equivocal on the left shoulder; mild volar forearm tenderness on the right; positive Phalen's test on the right; grip strength documented. The treatment plan included an additional 26 sessions of OT/PT or hand therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 12, 2x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC) Forearm, wrist & Hand procedure

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and hand complaints PT/OT;

**Decision rationale:** The patient has been documented have received 22+ prior sessions of physical therapy/occupational therapy for the stated diagnoses of right wrist pain attributed to the cited diagnoses and exceeded the number recommended by evidence-based guidelines. There is no evidence that the patient is participating in a self-directed home exercise program. There is no objective evidence documented by on physical examination that demonstrates the medical necessity of additional PT/OT over the participation of the patient in HEP. The request for 2x6 additional sessions of PT as opposed to a self-directed home exercise program is not supported with objective evidence to demonstrate medical necessity. The patient is not demonstrated to have any weakness or muscle atrophy to the right wrist. The Official Disability Guidelines/MTUS recommend up to nine (9) sessions of physical therapy for wrist strains over 8 weeks and up to 12 sessions over 8 weeks for de Quervain's tenosynovitis with integration into a home exercise program. The recommended number of sessions of physical therapy for CTS is 3-5 sessions with integration into a self-directed home exercise program. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional number of sessions of physical therapy beyond the number recommended by the CA MTUS and the Official Disability Guidelines for treatment of the left wrist and hand. The medical records document that the patient has improved significantly with the previously authorized physical therapy and should be integrated into a self-directed home exercise program. The medical necessity of additional sessions is not supported in the provided clinical documentation as opposed to participating in a home exercise program for conditioning and strengthening. The hand/upper extremity exercises learned in physical therapy should be integrated into a self-directed home exercise program. There is no medical necessity for an additional 2x6 sessions of PT 14 months after the DOI.