

<b>Case Number:</b>	CM14-0152493		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 45-year-old female with a date of injury of 04/07/2014. The listed diagnoses per [REDACTED] are: 1. Bilateral wrist strain with median neuritis, persistent. 2. Bilateral De Quervain's tenosynovitis. According to progress report, 06/04/2014, the patient presents with bilateral wrist strains with numbness and tingling. Examination of the bilateral wrist/digits revealed mild tenderness to palpation along the right dorsal wrist, but no tenderness to the left dorsal wrist. She has positive Tinel's signs on the right and negative on the left. Phalen's test was positive bilaterally with immediate tingling to her fingers. Under treatment plan, it notes "the patient would like to continue with more therapy. I request 6 additional visits at this time." Utilization Review denied the request on 08/15/2014. Treatment reports from 05/08/2014 through 07/31/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional Occupational Therapy visits for the Left Wrist/Hand, 2 times a week for 3 weeks, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation MTUS, OMPG

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

**Decision rationale:** This patient presents with bilateral wrist strain. The treating physician is requesting 6 occupational therapy visits for the left wrist/hand 2 times a week for 3 weeks as an outpatient. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. Report 05/08/2014, under treatment plan states "she starts physical therapy tomorrow." Report 06/04/2014 notes the patient is to continue with therapy and additional 6 sessions was requested. Utilization Review from 08/15/2014 states that the patient has had 6 occupational therapy sessions thus far. Occupational treatment reports were not provided for review. In this case, the treating physician has stated on report 6/4/14 that therapy has not been beneficial and the patient continues with symptoms despite therapy. Furthermore, the treating physician's request for 6 additional treatment with the 6 already received exceeds what is recommended by MTUS. The requested additional 6 Occupational Therapy (OT) sessions are not medically necessary and appropriate.