

<b>Case Number:</b>	CM14-0158905		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	01/31/2014
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational 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:

Injured worker (IW) is a 62 year old male who sustained a repetitive use industrial injury to the bilateral thumbs and left elbow on 01/31/14. X-rays revealed moderate bilateral osteoarthritis (OA) of the bilateral thumb metacarpal and metatarsophalangeal (MCP) joints and mild OA of the thumb interphalangeal joints. Documented treatment to date has included modified duty and corticosteroid injections to the left medial epicondyle, right wrist carpometacarpal (CMC) joint and left wrist, with improvement. On 05/19/14 mild tenderness was noted over the medial epicondyle and elbow exam as documented was otherwise normal. Right grip averaged 31 kg and left grip averaged 34 kg (expected normal listed as 48 kg right and 45 kg left). No other physical exam abnormalities to the hands/fingers were documented. IW declined surgery and was declared permanent and stationary on 05/19/14 with work restrictions of no forceful grasping/twisting and no lifting greater than 10 pounds. Future medical treatment recommendations had included short courses of occupational therapy (OT) for flare ups of pain. On 07/23/14 right grip was 50 and left grip was 40. 08/29/14 office note states that IW reported a new work injury for the right elbow, and therapist had recommended OT for the hand. IW requested injection of the right wrist. No exacerbation of the previous injury to the thumbs and left elbow was documented. On exam, right grip was 50 (units unspecified) and left grip was 60. Range of motion was normal. No tenderness, swelling, or deformity was documented. Right wrist injection was performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 times 3 for the bilateral wrists and left elbow:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Definitions, Pain Outcomes and Endpoints, Physical Medicine Page(s): 1, 8, 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Functional Recovery and Return to Work, page 77

**Decision rationale:** Injured worker has returned to work at modified duty with permanent restrictions and thus has met the ACOEM Guidelines definition of functional recovery. MTUS states that modifications may be made in the treatment plan in patients with chronic pain, based upon the physician's evaluation of progress towards treatment goals and for exacerbations which may occur during the chronic clinical course. An acute exacerbation of symptoms, specific reduction in function, or deterioration in objectively determined physical exam parameters which would support a course of therapy per MTUS Physical Medicine recommendations at this point in time is not documented. Specific goals for a course of occupational therapy are not documented. Based upon the submitted documentation, medical necessity is not established for the requested occupational therapy sessions.