

<b>Case Number:</b>	CM14-0051611		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 50-year-old female who reported an injury on 11/27/2012. The mechanism of injury was not provided in the medical records. Her diagnoses include carpal tunnel syndrome, medial epicondylitis, lateral epicondylitis, tendonitis, and wrist pain. Her past treatments were noted to include medications, physical therapy, occupational hand therapy, cortisone injections, acupuncture, temporary bracing, and yoga. Specifically, she participated in 12 visits of occupational therapy from 02/27/2014 through 05/01/2014. She underwent an occupational therapy evaluation on 02/27/2014 and was noted to complain of right upper extremity pain rated 4/10 to 5/10. Her physical examination revealed a grip strength of 38 pounds in the right upper extremity, and 34 pounds in the left upper extremity. Her range of motion was noted to be within normal limits. On 03/31/2014, the injured worker presented with complaints of pain in her bilateral upper extremities, rated 5/10. Her treatment plan was noted to include 10 sessions of physical therapy as she had completed 9 of her 10 previously authorized sessions and the provider felt with additional sessions, she would be able to return to work. On 05/01/2014, the injured worker completed her twelfth occupational therapy visit and rated her pain 4/10. It was noted that she had improved, was participating in a home exercise program, and demonstrated good body mechanics and knowledge of her home exercise program. It was noted that her goals were met, and she was discharged from occupational therapy. Her medications were noted to include topical Voltaren 1% gel. The Request for Authorization was submitted on 03/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional therapy, twice a week for five weeks to the right wrist, hand and fingers:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, physical medicine treatment may be recommended in the treatment of unspecified myalgia and myositis, up to 10 visits, to promote functional gains. At her followup visit on 03/31/2014, it was noted that the injured worker had completed 9 visits of occupational therapy for the right upper extremity and was recommended for 10 additional visits. However, updated physical examination findings including grip strength were not provided in order to demonstrate objective functional gains made with her previous 9 visits of physical therapy. In addition, she was not noted to have any objective functional deficits at her 03/31/2014 visit. Additionally, the more recent clinical notes provided included a 05/01/2014 occupational therapy note, which noted that she had completed 12 visits and was discharged from occupational therapy, as her goals had been met. Based on the absence of evidence of objective functional gains made with her initial 9 visits of occupational therapy, current functional deficits, and as she has been noted to have met her goals in therapy and been discharged, additional occupational therapy visits are not provided. In addition, the request for visits 2 times a week for 5 weeks in addition to her previously completed 12 visits would exceed the guideline recommendations of a maximum of 10, and exceptional factors were not provided to justify an exception to the guidelines. For the reasons noted above, the request for additional therapy, twice a week for four weeks to the right wrist, hand and fingers is not medically necessary and appropriate.