

<b>Case Number:</b>	CM14-0080818		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/24/2009
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 08/24/2009. The mechanism of injury was not provided for clinical review. The diagnoses included right de Quervain's status post release, right thumb CMC (carpometacarpal) osteoarthritis, right pisiform osteoarthritis, right carpal tunnel syndrome, and status post right thumb/wrist revision arthroplasty surgery. Previous treatments included surgery, x-rays, MRI, occupational therapy, and medication. Within the clinical note dated 04/12/2014, it was reported the injured worker complained of tingling, with some pain in the left index finger, middle finger, and ring finger. Upon the physical examination, the provider noted the injured worker had limited range of motion. The provider noted the injured worker had diminished monofilament testing at the thumb, index finger, and ring finger. The injured worker had a positive Tinel's, Durkan's, Phalen's test at the wrists. The injured worker also had a positive Tinel's sign at the elbow. The request submitted is for additional occupational therapy. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Occupational Therapy Hand Therapy 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The request for additional occupational therapy, hand therapy 2x6, is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The guidelines allow for fading of treatment frequency, plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the therapy. There was a lack of documentation, including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength or flexibility. The number of sessions requested exceeds the guidelines' recommendations of 8 to 10 sessions. Therefore, the request is not medically necessary.