

<b>Case Number:</b>	CM14-0095778		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 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:

According to the records made available for review, this is a 39-year-old female with a 4/9/12 date of injury. At the time (5/29/14) of the Decision for Additional occupational therapy two times a week for four weeks to bilateral wrist and hands, there is documentation of subjective (pain over both thumbs with clicking and instability over right thumb carpometacarpal joint) and objective (tenderness to palpation over right wrist) findings, current diagnoses (myofascial pain syndrome, lumbar spine strain/radiculopathy, bilateral thumb/wrist pain, and right rotator scuff syndrome), and treatment to date (right wrist splint, medications, and at least 16 previous occupational therapy treatments). There is no documentation of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of occupational therapy to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional occupational therapy two times a week for four weeks to bilateral wrist and hands.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand, Occupational Therapy (OT) Other Medical Treatment Guideline or Medical Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of occupational therapy for patients with a diagnosis of pain in joint not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the occupational therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, lumbar spine strain/radiculopathy, bilateral thumb/wrist pain, and right rotator cuff syndrome. In addition, there is documentation of at least 16 previous occupational therapy completed to date, which exceeds guidelines, functional deficit, and functional goals. Furthermore, there is no documentation of exceptional factors to justify going outside of guideline parameters. Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of occupational therapy to date. Therefore, based on guidelines and a review of the evidence, the request for additional occupational therapy two times a week for four weeks to bilateral wrist and hands is not medically necessary.