

<b>Case Number:</b>	CM14-0190698		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for hand pain reportedly associated with an industrial injury of March 10, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; work restrictions; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and unspecified amounts of acupuncture over the course of the claim. In a Utilization Review Report dated October 15, 2014, the claims administrator partially approved a request for 12 sessions of occupational therapy as 10 sessions of the same while denying a custom splint. The claims administrator stated that its decision was based on an October 7, 2014 progress note. The claims administrator suggested in a summary of previous Utilization Review Reports that the applicant had had at least 10 sessions of previously approved physical therapy involving various body parts. The applicant's attorney subsequently appealed. In a November 24, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck, low back, and wrist pain. The applicant was using a splint on an as-needed basis. The applicant was given prescriptions for Norco and tramadol. The applicant was placed off of work. In a progress note dated October 31, 2014, the applicant reported unchanged complaints of hand and wrist pain. Residual wrist stiffness was noted. Scapholunate tenderness was appreciated. The applicant was asked to pursue physical therapy for range of motion and strengthening purposes. Norco, tramadol, and Relafen were endorsed while the applicant was kept off of work. On September 23, 2014, the applicant reported 5-6/10 wrist pain. The applicant reported soreness and stiffness about the wrist. The applicant was off of work. The applicant apparently had residual stiffness and pain about the dorsal-ulnar wrist. The treating provider stated that continued casting and/or splinting for an additional two to six weeks could potentially obviate the need for surgery. Multiple medications were renewed while the applicant was kept

off of work, on total temporary disability. MRI imaging of the wrist without contrast of August 20, 2014 was notable for capsulitis, mild tenosynovitis, and chronic TFCC wear. A small volar ganglion cyst was suspected. There was no mention of any fractures evident or present on this date. On August 26, 2014, one of the applicant's treating providers suggested that cast immobilization could be employed to allow the applicant's ligaments to heal. The applicant was off of work, receiving disability benefits, it was acknowledged. In a March 10, 2014 progress note, the applicant was placed off of work, on total temporary disability, on the grounds that she had had difficulty tolerating work. The applicant reported multifocal complaints of pain about the hand, fingers, forearm, neck, and back, etc. Norflex was endorsed while the applicant was kept off of work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical/ Occupational Therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, Functional Restoration Approach to Chronic Pain Management section 97.

**Decision rationale:** The applicant, per the claims administrator, had already had prior treatment (at least 10 sessions), seemingly consistent with the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. This recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability, despite having had at least 10 prior sessions of physical therapy, which, coupled with the applicant's dependence on various opioid and non-opioid agents such as tramadol, Norco, Relafen, etc., suggests a lack of functional improvement as defined in MTUS 9792.20f, despite at least 10 prior sessions of treatment. Therefore, the request for Physical Therapy/Occupational Therapy is not medically necessary.

**DME- Custom Splint:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, prolonged splinting is considered "optional," as ACOEM expresses concerns that it may lead to weakness and/or stiffness. Here, it was not readily evident or readily apparent

why the applicant was still using a splint on or around the date of the Utilization Review Report, October 15, 2014, i.e., some seven months removed from the date of a trip and fall industrial contusion injury/sprain injury of March 10, 2014. In this case, it did appear that prolonged, protracted immobilization of hand and wrist had in fact generated debilitation, stiffness, and/or weakness. Continued usage of a splint, thus, was not indicated on or around the date in question. Therefore, the request for Custom Splint is not medically necessary.