

<b>Case Number:</b>	CM14-0195228		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	12/01/2013
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Orthopedic Surgery 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 45-year-old female who reported an injury on 12/01/2013. The documentation of 10/29/2014 revealed the injured worker had a followup post steroid injection. The injured worker was wearing a thumb splint and working with restrictions. The physical examination revealed the injured worker had mild discomfort of the radial styloid process. The intersection of the first and second compartment were nontender. Resisted thumb adduction and abduction produced no pain and resisted thumb extension produced no pain. However, there was weakness with thumb pinch. When the injured worker grasped and twisted her hand and wrist, mild discomfort was present at the radial styloid first extensor compartment location. The diagnoses included symptom improvement first extensor compartment tenosynovitis left wrist following steroid injection, mild stiffness, and mild residual tendon glide discomfort. The treatment plan included occupational therapy 1 session a week for 4 weeks to improve tendon glide, soft tissue mobilization, strengthening, and reduced pain. The injured worker was to wear from splint as tolerated. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy One Time A Week For Four Weeks, Left Hand and Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guideline Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The injured worker was noted to have no pain after the injection. There was a lack of documentation indicating an objective physical examination including the injured worker's muscle strength and restricted range of motion. There was a lack of documentation of objective functional deficits to support the necessity for physical medicine treatment. Given the above, the request for occupational therapy 1 time a week for 4 weeks, left hand and wrist is not medically necessary.