

<b>Case Number:</b>	CM14-0205588		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 chronic neck and wrist pain reportedly associated with an industrial injury of October 18, 2012. In a Utilization Review Report dated November 3, 2014, the claims administrator failed to approve a request for eight sessions of occupational therapy. The claims administrator referenced an RFA form received on October 30, 2014 in its determination. The claims administrator referenced an October 27, 2014 progress note in its determination and further suggested that the attending provider did not outline a compelling basis for further formal physical therapy in lieu of self-directed home physical medicine. The applicant's attorney subsequently appealed. In an October 14, 2014 progress note, the applicant reported ongoing issues with shoulder pain, neck pain, forearm pain, hand pain, and trigger finger. The physical therapist noted that the applicant remained unable to work despite having completed eight recent sessions of physical therapy. In a handwritten note dated September 15, 2014, the attending provider noted that the applicant had ongoing complaints of hand, wrist, and forearm pain suggestive of carpal tunnel syndrome and/or trigger finger. Eight additional sessions of occupational therapy were sought. The note was very difficult to follow and not altogether legible. In a September 22, 2014 progress note, the applicant again reported multifocal pain complaints, including neck pain, wrist pain, and hand pain. In a June 9, 2014 rheumatology note, the applicant was again placed off of work, on total temporary disability. In a handwritten note dated June 16, 2014, the applicant's hand surgeon noted that the applicant had had six recent sessions of occupational therapy with 10% improvement. The applicant was asked to pursue eight additional sessions of occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy twice a week for four weeks for the bilateral hands:** 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 Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 8, 99.

**Decision rationale:** The applicant has had recent treatment in September and October 2014 alone (eight sessions), seemingly consistent with the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia and neuritis of various body parts, the diagnoses reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines notes, however, that demonstration of functional improvement is necessary 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 received extensive physical therapy and occupational therapy throughout late 2014 itself, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite completion of prior therapy. Therefore, the request for additional therapy is not medically necessary.