

<b>Case Number:</b>	CM15-0009303		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old female, who sustained an industrial injury on 12/09/2010. The diagnoses have included bilateral trigger finger, contracted palmar fascia, wrist pain and pain in joint. Treatment to date has included occupational therapy (8 sessions completed), diagnostic imaging, physical therapy, modified duty, splinting, medications, home exercise and injections. EMG (electromyography)/NCV (nerve conduction studies) of the upper extremities dated 2/11/2014 were read as normal. Currently, the Injured Worker complains of neck pain which is improved with changing position of her monitor at work. Pain is rated as 2/10 currently and 7 at its worst. Objective findings included positive Tinel's, positive compression test and positive Phalen's test left wrist. There is tenderness and warmth over the forearm and palm of the left wrist. There is exquisite tenderness over the A1 pulley at the base of the left thumb. On 1/14/2015, Utilization Review non-certified a request for continued occupational therapy (2x2) for the wrists, elbows and forearms noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS, ACOEM Guidelines and ODG were cited. On 1/15/2015, the injured worker submitted an application for IMR for review of occupational therapy (2x2).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued occupational therapy twice a week for two weeks: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Therapy Guidelines.

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

**Decision rationale:** This patient presents with neck pain, bilateral hand/wrist pain. The treater has asked for CONTINUED OCCUPATIONAL THERAPY TWICE A WEEK FOR TWO WEEKS on 11/7/14. A nerve conduction study came out normal, and the patient is not a candidate for surgery per 11/7/14 report. The treater recommends a hand therapy for rehabilitation 2 times a week for 3 weeks per 11/7/14 report. A prior course of physical therapy gave some improvement to her symptoms but the number and dates of the sessions is not known. The patient's hand/wrist pain has been increasing over the past year per 11/7/14 report. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. The patient is currently working full time. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. The patient has had progressively worse pain in hands/wrists for the past year. Prior physical therapy for the hands proved to be of benefit. The requested 6 sessions of physical therapy are reasonable for patient's ongoing hand/wrist pain. The request IS medically necessary.