

<b>Case Number:</b>	CM15-0135096		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 37 year old female, who sustained an industrial injury on 11/3/13. The diagnoses have included left lateral epicondylitis and radial styloid tenosynovitis. Treatment to date has included medications, surgery, steroid injections and physical therapy. Currently, as per the physician progress note dated 4/29/15, the injured worker complains of constant pain in the left arm, elbow, wrist and hand that is associated with numbness, tingling and weakness in the left arm. The pain has affected her activities of daily living (ADL) and the symptoms are worsening. The physical exam reveals that in motor strength testing there is normal bulk and tone in all major muscle groups of the upper and lower extremities and motor strength is 5/5 and symmetric throughout the bilateral upper and lower extremities. The current medications included Lyrica and Omeprazole. The previous therapy sessions are not noted. Work status is modified with restrictions. The physician requested treatment included Occupational therapy 2x Week x 4 Weeks to the left hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2xWk x 4Wks to the left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS 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) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy two times per week than four weeks to the left-hand is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lateral epicondylitis; medial epicondylitis in the elbow and DeQuervains tenosynovitis. The date of injury is November 3, 2013. The request authorization is June 2, 2010. According to a May 5, 2015 progress note, the injured workers forearm, wrist and hand complaints are improving. Objectively, there is increased range of motion. The injured worker received eight sessions of physical therapy. The treating provider is requesting an additional eight sessions of physical therapy. The guidelines recommend 14 sessions of physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (14 sessions in total) is clinically indicated. The utilization review provider approved an additional six visits (total 14). Consequently, absent compelling clinical documentation with compelling clinical facts indicating additional physical therapy over the recommended guidelines (14 sessions) and documentation demonstrating objective functional improvement, occupational therapy two times per week than four weeks to the left-hand is not medically necessary.