

<b>Case Number:</b>	CM15-0148465		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	11/12/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 30 year old male, who sustained an industrial injury on 11-12-2014. He has reported injury to the right wrist. The diagnoses have included right wrist-hand sprain-strain; right wrist trauma with persistent radial-sided wrist symptoms; De Quervain's tenosynovitis; and history of remote right wrist trauma with ununited ulnar styloid fracture. Treatment to date has included medications, diagnostics, and occupational therapy. A progress report from the treating physician, dated 05-12-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of right wrist pain; the pain is along the radial aspect of the base of the thumb and distal forearm; this is in the region of the first dorsal compartment; he also has some pain dorsally and centrally that radiates to the mid-forearm; he does not have any loss of sensation; and he does not have any pain along the ulnar aspect of the wrist or hand. Objective findings included he is no acute distress; no obvious atrophy or deformity of the right hand and wrist; there is no noted swelling or discoloration around the site of the reported pain; he localizes his pain primarily to the first dorsal compartment and the base of the thumb on the right side; this is all along the radial aspect of the wrist and thumb; tenderness to palpation with resisted thumb extension along the course of the first dorsal compartment tendons; sensation is grossly intact to light touch; his grip and pinch strength are 5 out of 5; mildly positive Finkelstein's maneuver with an increase in pain along the first dorsal compartment tendons; and radiographs of the right wrist reveal evidence of an old ulnar styloid fracture that is ununited. The treatment plan has included the request for occupational therapy-continued hand therapy (OT-CHT) 2 x 4 for the right hand.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy/continued hand therapy (OT/CHT) 2 X 4 for right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in November 2014 and is being treated for right wrist pain. When seen, there was first dorsal compartment and right thumb pain. Finkelstein's testing was mildly positive. There was no crepitus, locking, or catching. Imaging results were reviewed. Recommendations included a short course of therapy, medications, injections, splinting, and consideration of surgery. Case notes reference completion of at least six treatments. Subsequent treatment included a corticosteroid injection. Guidelines recommend up to 12 therapy treatment sessions over 8 weeks for this condition when being treated medically. In this case, the number of additional treatments being requested is in excess of that recommended. The claimant has had therapy and compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The requested additional therapy sessions are not medically necessary.