

<b>Case Number:</b>	CM15-0187417		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	03/03/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 54 year old female, who sustained an industrial injury on 3-3-2015. Medical records indicate the worker is undergoing treatment for pain in the hand joint and carpal tunnel syndrome. A recent progress report dated 9-2-2015, reported the injured worker complained of severe and near constant bilateral wrist and hand pain, rated 3 out of 10, with numbness and weakness. Physical examination revealed bilateral wrist examinations were within normal limits and no tenderness noted with the exception of a positive Tinel's sign in the left wrist. Left upper extremity electromyography (EMG) from 4-28-2015 was within normal limits. Treatment to date has included 12 sessions of physical therapy, 6 occupational therapy visits, Gabapentin and Ibuprofen. On 9-11-2015, the Request for Authorization requested Occupational therapy for the bilateral hands x 6 visits. On 9-18-2015 the Utilization Review noncertified the request for Occupational therapy for the bilateral hands x 6 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy (OT) for the bilateral hands times 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 repetitive motion work injury with date of injury in March 2015. She was seen by the requesting provider for an initial evaluation on 09/15/15. She had returned to work in August 2015 and started keyboard activities on 09/09/15. By the next day she had swelling and pain in her wrists and forearms. Prior treatments had included 12 sessions of physical therapy which had been helpful. Physical examination findings included decreased lateral hand sensation. There was no wrist tenderness. Tinel's testing was positive on the left side only. Gabapentin and ibuprofen were prescribed. Authorization was requested for an additional six physical therapy treatments. In terms of physical therapy for tenosynovitis, guidelines recommend up to 9 treatment sessions over 8 weeks and the claimant has already had physical therapy for this condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Her symptoms recurred after only one day when she resumed keyboarding. An assessment of her work environment would be an option. The request for additional therapy is not considered medically necessary.