

<b>Case Number:</b>	CM15-0188388		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old female patient, who sustained an industrial injury on 12-06-2010. She sustained the injury due to packaging boxes repetitively. The diagnoses include bilateral trigger thumb status post release, bilateral thumb pain status post trigger release on 04-01-2011 and left distal radio-ulnar arthritis. Per the progress note dated 08-26-2015, she had complaints of persistent bilateral wrist and hand pain that was rated as 7 out of 10 in the right wrist and 6 out of 10 in the left wrist. The right wrist pain radiates to the right forearm. She reported that she felt pain was getting worse and wanted to pursue right CMC and MCP joint steroid injection which helped her in the past. She indicated that Hydrocodone helped for pain. The physical examination revealed tenderness at the right CMC and MCP joint of thumb, tenderness in the right wrist joint and strength of 4 out of 5 in the right hand intrinsic muscles. The medications list includes ibuprofen, lyrica, hydrocodone and lidoderm patch. She has had Electromyography-nerve conduction study of the bilateral upper extremities on 08-17-2012 which showed evidence of left sensory median neuropathy at wrist of mild severity; left hand/wrist X-rays dated 4/3/2012 which revealed old healed fracture in the distal ulnar shaft, probable old healed fracture of the fourth metacarpal. She has undergone bilateral trigger thumb release on 4/1/2011. Treatment to date has included oral and injectable pain medication, home exercise program and joint steroid injection-thumb injection in 2013. On 2/11/15, patient was authorized for (modified from 12) 8 occupational therapy visits. Work status was documented as modified. A request for authorization of 6-8 sessions of occupational therapy for the bilateral wrist and hand was

submitted. As per the 09-15-2015 utilization review, the request for occupational therapy was modified to certification of 2 sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **6-8 sessions of occupational therapy for bilateral wrist and hand pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Forearm, Wrist & Hand (Acute & Chronic) (updated 06/25/15).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** 6-8 sessions of occupational therapy for bilateral wrist and hand pain. The cited guidelines recommend up to 9-10 physical/occupational therapy visits for this diagnosis. On 2/11/15, the patient was authorized for (modified from 12) 8 occupational therapy visits. The requested additional visits in addition to the previously rendered physical/ occupational therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical/ occupational therapy visits that is documented in the records provided. Previous physical therapy/ occupational visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of 6-8 sessions of occupational therapy for bilateral wrist and hand pain is not established for this patient at this time.