

<b>Case Number:</b>	CM15-0194282		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	04/07/2015
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 29 year old male who sustained an industrial injury on 4-7-15. The medical records indicate he is undergoing treatment for torn left ulnar triangular fibrocartilage complex, early left cubital tunnel syndrome, and possible early carpal tunnel syndrome. Medical records (4-7-15 to 7-16-15) indicate ongoing complaints of left wrist and left elbow pain. He denies radiation of the wrist pain (5-8-15), but reports that his elbow pain radiates to the last 2 digits of his left hand and is associated with numbness and tingling. He also complains of "locking" of the elbow (7-16-15). The physical exam (5-8-15) reveals tenderness to palpation of the "flexor surface" of the left wrist. No tenderness is noted of the "extensor surface". No crepitation is noted of the left wrist. Full range of motion is noted of the wrist with dorsiflexion to 70 degrees, volar flexion to 80 degrees, radial deviation to 25 degrees, ulnar deviation to 35 degrees, and supination-pronation to 90 degrees. Muscle strength is "5 out of 5". The physical exam (7-16-15) reveals no limitation in range of motion of the left wrist. Motor strength is noted to be "5 out of 5". No tenderness is noted over the cubital tunnel. Tinel's sign is negative over the ulnar nerve. The treating provider indicates "there is evidence of ulnar nerve subluxation with flexion and extension of the elbow". Positive Tinel's sign is noted over the antecubital fossa. Tenderness is noted over the medial epicondyle. Diagnostic studies have included x-rays of the left wrist and elbow, MRIs of the left wrist and elbow, and an EMG-NCV of the left upper extremity. Treatment has included activity modification, use of ice and heat, anti-inflammatory medications, analgesics, acupuncture, chiropractic therapy, and splinting. He is noted to be working full-time on modified duty. The utilization review (9-24-15) includes a request for

authorization of occupational therapy three times a week for three weeks. The request was denied.

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

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

**Occupational therapy 3 X 3 for left wrist:** Upheld

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

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

**Decision rationale:** The patient was injured on 04/07/15 and presents with left elbow and left wrist pain. The request is for OCCUPATIONAL THERAPY 3 X 3 FOR LEFT WRIST. There is no RFA provided and the patient is working full time on modified duty. Review of the reports provided does not indicate if the patient had any prior occupational therapy sessions. MTUS Guidelines, Physical Medicine Section, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with a torn left ulnar triangular fibrocartilage complex, early left cubital tunnel syndrome, and possible early carpal tunnel syndrome. Treatment to date includes activity modification, use of ice and heat, anti-inflammatory medications, analgesics, acupuncture, chiropractic therapy, and splinting. Review of the reports provided does not indicate if the patient had any recent surgeries. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. Given that the patient continues to have left wrist pain, a trial of occupational therapy appears reasonable. However, the requested 9 sessions of occupational therapy exceeds what is recommended by MTUS guidelines. The request IS NOT medically necessary.