

<b>Case Number:</b>	CM15-0197097		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Arizona, 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:

The injured worker is a 64 year old female, who sustained an industrial injury on 2-10-09. The injured worker is being treated for right thumb basilar osteoarthritis and right wrist flexor tendonitis. Treatment to date is not included with documentation submitted. On 8-28-15, the injured worker complains of right wrist-hand pain associated with weakness, cramping, tight sensation and aching pain, she states it is worsening. She is currently working. Physical exam performed on 8-28-15 revealed tenderness to palpation over the flexor tendons of right wrist with limited range of motion of right wrist and carpometacarpal joint pain of right thumb. On 8-28-15 request for authorization was submitted for occupational therapy to right wrist-thumb, customized wrist-thumb brace and Ultracin topical ointment. On 9-21-15 request for occupational therapy 12 sessions was modified to 6 sessions and Ultracin topical ointment was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy for 12 sessions (3x4): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Assessment, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the guidelines, most cases of hand and thumb strains require no more than 10 visits of therapy. In this case, prior interventions are unknown. In addition, there is no indication that additional therapy cannot be completed at home. The request for 12 sessions exceeds the guidelines amount. The 12 sessions of occupational therapy is not medically necessary.

**Ultracin topical ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=3b0612ee-955e2-42f5-b671-00029bb5da95>.

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

**Decision rationale:** Ultracin contains topical NSAIDS and capsaicin. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. In this case, the claimant does not have arthritis. Use, frequency and length of applications was not specified. The request for Ultracin is not medically necessary.