

<b>Case Number:</b>	CM15-0200759		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Florida, New York, Pennsylvania  
 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 38 year old female, who sustained an industrial injury on 8-6-12. The injured worker is diagnosed with post right De Quervain's release, bilateral hand strain and right wrist second compartment FCU and ECR tenosynovitis. Her work status is temporary total disability. Notes dated 7-30-15 and 9-18-15 reveals the injured worker presented with complaints of right wrist pain described as dull with extremes of motion. A physical examination dated 9-9-15 revealed right wrist with slight swelling and tenderness. There is tenderness over the thumb "CMC joint and flexor carpi radialis tendon", which is increased with resisted wrist flexion. Treatment to date has included medications, which reduce her pain level by 30-40% from a 9 out of 10 rating and allows for improved functioning (activities of daily living, physical therapy, home exercises, mobility and restorative sleep) per note dated 9-18-15; right wrist ganglion block reduced hypersensitivity by more than 50% per note dated 9-18-15; right De Quervain's release, modabber brace and occupational therapy. Diagnostic studies to date have included right wrist MRI. A request for authorization dated 9-16-15 for occupational therapy 8 sessions for the right wrist is non-certified, per Utilization Review letter dated 9-23-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy times 8 for the right wrist: 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): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The members DOI is listed as 6Aug12. The member is listed as being post De-Quervain's release surgery with right wrist tenosynovitis secondary to overuse with a mouse. Reported as well as intermittent tingling of the distal tip of the thumb as well as increased right wrist pain. A report of an MRI 9Sep15 indicated that no evidence for tenosynovitis was found in or around the wrist. The member is reported to have completed 25 sessions of occupational therapy previously. The request is to re-initiate occupational therapy for 8 sessions. No mention of re-education for re-initiating home management is made nor is tapering planned. Except in cases of unstable fractures or acute dislocations, patients should be advised to do early range of motion exercises at home. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Instruction in proper exercise technique is important, and a physical or occupational therapist can serve to educate the patient about an effective exercise program. In the face of the previous course of completed treatment, a brief course of re-instruction to facilitate a return to home therapy could be approved. A return to a full course of treatment is not warranted by the provided information. The request is not medically necessary and the UR Non-Cert is supported.