

<b>Case Number:</b>	CM15-0204106		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	05/06/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 28 year old male, who sustained an industrial injury on 05-06-2015. A review of the medical records indicates that the worker is undergoing treatment for sprain-strain of the right wrist. Subjective complaints (06-01-2015) included pain of 1.5 out of 10 with tenderness over the dorsum of the right wrist. Objective findings (06-01-2015) revealed point tenderness at the distal radius. The treatment plan included requesting physical therapy. Subjective complaints (07-20-2015) included intermittent mild pain in the right wrist radiating to the right hand. Objective findings (07-20-2015) showed tenderness in the anatomic snuffbox of the right wrist and decreased right grip strength. MRI of the right wrist was recommended and performed on 08-10-2015. The MRI showed ulna-minus variance and no other abnormalities were documented. Subjective complaints (08-24-2015) were documented as "the patient says he is a little worse." Objective findings (08-24-2015) included maximum tenderness to palpation in the proximal third of the right index finger metacarpal, near the index carpometacarpal joint. Treatment has included pain medication and bracing. Although physical therapy was noted as having been requested, there is no indication that any physical therapy visits had been received. The physician noted that occupational therapy, two times per week for six weeks was being requested. A utilization review dated 09-15-2015 modified a request for occupational therapy 2 x 6 to certification of 3 additional visits to update and monitor home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Occupational therapy 2 times 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical/Occupational therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy two times per week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is sprain strain right wrist. Date of injury is May 6, 2015. Request for authorization is October 5, 2015. According to an October 24, 2015 progress note, the injured worker states he is "a little worse". Medications include Naprosyn. The injured worker had x-rays taken along with a wrist brace. Objectively, there is tenderness to palpation over the mid-third of the right index finger. The treating provider is requesting occupational therapy two times per week times six weeks. The utilization review states the injured worker received six sessions of physical therapy. The guidelines recommend nine visits over eight weeks for sprain/strains of the wrist and hand. The treating provider is requesting an excessive number of physical therapy sessions in the absence of compelling clinical facts indicating additional physical therapy over the recommended guidelines clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation from a UR review indicating the injured worker received six prior physical therapy sessions and no compelling clinical facts indicating additional physical therapy over the recommended guidelines (nine visits over eight weeks) is clinically indicated, occupational therapy two times per week times six weeks is not medically necessary.