

<b>Case Number:</b>	CM15-0207373		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	07/11/2010
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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 40 year old female, who sustained an industrial-work injury on 7-11-10. A review of the medical records indicates that the injured worker is undergoing treatment for status post bilateral carpal tunnel releases, tendinitis, status post right radial tunnel release and lateral extensor origin repair, right wrist tendinitis, and left lateral epicondylitis. Medical records dated 9-21-15 indicate that the injured worker reports good pain relief 1 week after the injection in the lateral arm. She reports worsening pain in the base of the right thumb as well as pain in the right lateral elbow and arm. Per the treating physician report dated 9-21-15 the injured worker has not returned to work. The physical exam reveals tenderness in the left thumb with positive grind test. There is tenderness over the lateral extensor musculature. There is weakness of the wrist extension and triceps extension. The physician indicates that ultrasound evaluation shows moderate inflammation and synovitis in the thumb. Treatment to date has included pain medication Voltaren, Prilosec, status post right radial tunnel release and right lateral extensor origin release, nerve blocks, injections, wrist splint, occupational therapy at least 2 sessions out of 12, physical therapy at least 12 sessions and other modalities. The requested service included Occupational therapy (OT) 2 times a week for 6 weeks to the bilateral forearms. The original Utilization review dated 10-5-15 non-certified the request for Occupational therapy (OT) 2 times a week for 6 weeks to the bilateral forearms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy (OT) 2x a week for 6 weeks to the bilateral forearms:** 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:** Occupational therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified occupational therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of occupational therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal OT in a patient that has been instructed on a home exercise program for this chronic 2010 injury. Submitted reports have not adequately demonstrated the indication to support further occupational therapy when prior treatment rendered has not resulted in any functional benefit. The Occupational therapy (OT) 2x a week for 6 weeks to the bilateral forearms is not medically necessary or appropriate.