

<b>Case Number:</b>	CM15-0208806		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

This 62 year old male sustained an industrial injury on 5-19-14. Documentation indicated that the injured worker was receiving treatment for left wrist pain, cervical spine and lumbar spine herniated nucleus pulposus, and bilateral knee medial meniscus tears. Previous treatment included right knee arthroscopy (1-20-15), left knee arthroscopy (6-11-15), physical therapy for the knees, and medications. Magnetic resonance imaging left wrist (8-7-15) showed tenosynovitis and ulnocarpal abutment syndrome with degenerative tearing of the central triangular fibrocartilage and a ganglion cyst. In a PR-2 dated 9-23-15, the injured worker complained of pain with lifting. Physical exam was remarkable for "mild" tenderness to palpation to the ulnar joint. The remaining documentation was difficult to decipher. The physician noted that the injured worker did not want left wrist surgery at this time. The treatment plan included occupational therapy twice a week for four weeks for the left hand. On 10-6-15, Utilization Review non-certified a request for occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy two times a week for four weeks left hand:** 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): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Physical/ Occupational therapy.

**Decision rationale:** According to the CA MTUS guideline cited, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. Furthermore, per ACOEM guidelines cited, initial therapy of the hand may involve medications, limitation of the contributing physical factors, splinting, injections, and home exercises, for example. The ODG cited states physical medicine for tenosynovitis of the forearm, wrist, and hand to be 9 visits over 8 weeks. In the case of this injured worker (IW), he has already completed 9 physical therapy visits, but continues to have pain of the left wrist. Difficult to discern handwritten notes, from the treating physician, describe mild tenderness to palpation of the ulnar joint; however, there is no documentation of functional deficit. Although this IW may benefit from further physical medicine, his previous physical medicine visits should have transitioned him to a home exercise program. Therefore, the request for occupational therapy two times a week for four weeks to the left hand is not medically necessary.