

<b>Case Number:</b>	CM15-0021720		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 57-year-old female reported a work-related injury to the right hand and wrist on 6/13/2014. According to the progress report from the treating provider dated 1/5/2015, the injured worker reports right hand and wrist pain. The diagnoses are rule-out carpal tunnel syndrome and right lateral epicondylitis. Previous treatments include medications, splinting, local cold application and occupational therapy. The treating provider requests bone scan of the right hand and eight (8) sessions of occupational therapy for the right wrist. The Utilization Review on 1/14/2015 non-certified the request for bone scan of the right hand and eight (8) sessions of occupational therapy for the right wrist, citing ACOEM Practice Guidelines, ODG and CA MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone scan for the right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CRPS, diagnostic tests <http://www.odg-twc.com/index.html>

**Decision rationale:** According to ODG guidelines, hand bone scan “Recommend assessment of clinical findings as the most useful method of establishing the diagnosis. See CRPS, pathophysiology (clinical presentation & diagnostic criteria). Specific procedures are not generally recommended, except as indicated below. A gold standard for diagnosis of CRPS has not been established and no test has been proven to diagnose this condition. Assessment of clinical findings is currently suggested as the most useful method of establishing the diagnosis. The following procedures have been suggested for use as additional tools for diagnosis, with use based on the patient's medical presentation. Recent CRPS guidelines do not discuss these tests in general but general information is available at the Reflex Sympathetic Dystrophy Syndrome Association website. (Aker, 2008) (Harden, 2013)”. There is no documentation that the patient is suffering from a CRPS and the request for bone scan is not clear. Therefore the request for Bone scan for the right hand is not medically necessary.

**Occupational therapy for the right wrist (8 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** According to MTUS guidelines, Physical Medicine is “Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.(Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall

success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)". There is no documentation of objective findings that support musculoskeletal dysfunction requiring more physical therapy. There is no documentation of the outcome of previous physical therapy. Therefore Occupational therapy for the right wrist (8 sessions) is not medically necessary.