

<b>Case Number:</b>	CM15-0211320		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 64 year old female, who sustained an industrial injury on 11-22-2013. Several documents in the provided medical records are difficult to decipher. The injured worker was being treated for rotator cuff syndrome, bicipital tenosynovitis, forearm sprain and strain, swan neck deformities on the left 3rd, 4th, and 5th digits; left shoulder impingement, and superior labral tear from anterior to posterior (superior glenoid labrum lesions). The injured worker (5-1-2015 and 8-21-2015) reported ongoing left shoulder pain radiating down to the arm and hand and her left hand 3rd, 4th, and 5th fingers have been locked since her injury. The physical exam (5-1-2015 and 8-21-2015) revealed limited left shoulder active range of motion and limited left fingers range of motion. The treating physician noted swan neck deformity of the left hand 3rd, 4th, and 5th fingers. The treating physician noted tenderness to palpation of the proximal interphalangeal joints and inability to make a fist with 3rd, 4th, and 5th fingers. The treating physician noted supraspinatus weakness and rotator cuff impingement testing. The injured worker (9-18-2015 and 9-23-2015) reported her 3rd, 4th, and 5th fingers are improved and no longer locking. She reported that acupuncture last year and current physical therapy have been helpful. She also reported chronic left shoulder pain radiating down to the arm and hand. The physical exam (9-18-2015 and 9-23-2015) revealed limited left shoulder active range of motion with ability to cross left arm, inability to raise the left arm, and limited range of motion of the left fingers. The treating physician noted swan neck deformity of the left hand 3rd, 4th, and 5th fingers. The treating physician noted tenderness to palpation of the proximal interphalangeal joints and inability to make a fist with 3rd, 4th, and 5th fingers. The treating physician noted

supraspinatus weakness and rotator cuff impingement testing. The x-rays of the left hand (dated 2-26-2015) stated the findings were consistent with rheumatoid arthritis. Per the treating physician (7-6-2015 report), x-rays (undated) revealed minimal degenerative joint disease with disuse osteopenia on the left side and an MRI (undated) revealed inflammatory arthritic changes. Per the treating physician (9-23-2015 report), an MRI of the left shoulder (undated) showed a superior labral tear from anterior to posterior and rotator cuff tears. Treatment has included at least 11 sessions of physical therapy, acupuncture, transcutaneous electrical nerve stimulation (TENS), acupuncture, activity modifications, splinting of the left hand 3rd, 4th, and 5th fingers; and medications including topical pain, sleep aid, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (9-23-2015 report), the injured worker was to return to modified work on 9-30-2015. However, the employer cannot accommodate the injured worker's restrictions. On 8-25-2015, the requested treatments included an additional 12 sessions of occupational therapy. On 10-8-2015, the original utilization review non-certified a request for an additional 12 sessions of occupational therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional occupational therapy x12 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist and hand.

**Decision rationale:** The CA MTUS/ACOEM Forearm, Wrist, & Hand Guidelines is silent of non surgical number of physical therapy visits. The ODG-TWC forearm, wrist and hand section recommends the following: Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. Synovitis and tenosynovitis (ICD9 727.0): Medical treatment: 9 visits over 8 weeks. Post-surgical treatment: 14 visits over 12 weeks. Sprains and strains of wrist and hand (ICD9 842):9 visits over 8 weeks. In this case the injured worker has multiple diagnoses of her left hand and wrist, including rheumatoid arthritis. She was injured in 2013 and has already completed 24 sessions of occupational therapy according to the submitted documentation. There is no documentation of objective improvement related to the previous occupational visits and no indication why the injured worker cannot perform a home exercise program. Therefore, the request is not medically necessary.