

<b>Case Number:</b>	CM15-0031156		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old who has filed a claim for chronic hand, wrist, and significant pain reportedly associated with an industrial injury of July 30, 2013. In a Utilization Review report dated January 21, 2015, the claims administrator failed to approve a request for six additional sessions of the occupational therapy for the wrist. The claims administrator stated that the applicant had had 32 sessions of physical therapy/occupational therapy to date. The applicant was status post earlier trigger finger surgery at unspecified point in time, it was acknowledged. The applicant's attorney subsequently appealed. The majority information on file, it is incidentally noted, comprised of the applicant's personal health record as opposed to her workers compensation records. In a handwritten occupational therapy progress note dated October 28, 2014, the applicant was described as having partially met some goals and having met other goals. The applicant was still having difficulty making a full fist. The applicant had had 32 treatments as of this date, it was reported. The occupational therapist suggested that the applicant could be discharged to home exercise program. The occupational therapist suggested that the applicant be reevaluated by the attending provider before additional occupational therapy was sought. In a January 27, 2015 progress note, the applicant reported ongoing complaints of hand, ring finger pain, and small finger pain. The applicant's status was post index finger and trigger finger release surgery and had residual triggering about other digits. It was suggested that the applicant had plateaued with non-operative treatment. A permanent 10 pound limiting limitation was endorsed. The treating provider suggests that the applicant would likely be unable to return to work with said limitation in place.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Occupational Therapy for Right Wrist (2x3) 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** The request for an additional six sessions of occupational therapy was not medically necessary, medically appropriate or indicated here. The applicant has had prior treatment (at least 32 treatments on the most recent course, per the treating therapist), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further qualifies this recommendation by noting that there must demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was declared permanent and stationary on January 27, 2015. Permanent work restrictions were imposed on that date. The attending provider acknowledged that the applicant had, in fact, plateaued with earlier treatment in terms of the functional improvement parameters established in MTUS 9792.20f. The applicant treating therapist also wrote on October 28, 2014 that the applicant had plateaued, from her standpoint as of that point in time. Additional treatment, thus, was not indicated in the clinical context present here. Therefore, the request was not medically necessary.