

<b>Case Number:</b>	CM15-0033630		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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  
 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 64 year old female, who sustained an industrial injury on 12/15/11. She has reported injury to right hand after slipping and falling while mopping. The diagnoses have included status post Open Reduction and Internal Fixation (ORIF) of right distal radius and post traumatic right carpal tunnel syndrome. Treatment to date has included medications, surgery, diagnostics and physical therapy that were slightly helpful. Surgery included Open Reduction and Internal Fixation (ORIF) of right distal radius on 12/20/2011. Currently, as per physician consult report dated the injured worker complains of intermittent sharp pain in the dorsal right wrist with gripping and grasping. She has weakness in the hand with occasional tingling. The pain is worsened with prolonged or forceful gripping. She indicates swelling next to the surgical scar at the radial wrist. The pain is increased with gripping, pulling, pushing, pinching and torquing. She states that medications and rest relieve the pain. The current medications were not noted. The exam of the bilateral hands and wrists revealed marked limited range of motion right wrist, tenderness, positive Phalen's and Durkan's median compression test on the right, and grip strength is decreased on the right. Magnetic Resonance Imaging (MRI) of the right wrist done 12/22/14 revealed extensive post surgical changes of the distal radius with mild degenerative changes of the radiocarpal joint. There was evidence of median nerve flattening in the carpal tunnel with slowing of nerve conduction velocity and small amount of fluid in the distal medial joint. The electromyogram/nerve conduction velocity of bilateral upper extremities dated 12/19/14 revealed abnormal studies with findings suggestive of chronic C7 nerve root irritation. There was also evidence of right wrist entrapment neuropathy of the median nerve with slowing

of nerve root velocity. Treatment was for therapy to the right wrist. On 2/3/15 Utilization Review non-certified a request for 18 Occupational Therapy Visits for the Right Hand/Wrist, noting the (MTUS) Medical Treatment Utilization Schedule Guidelines chronic pain Physical Medicine Guidelines pages 98-99 were cited.

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

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

#### **18 Occupational Therapy Visits for the Right Hand/Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** This patient is status post ORIF of the right distal radius in December of 2011 and presents with chronic pain in the right hand/wrist. The current request is for 18 OCCUPATIONAL THERAPY VISITS FOR THE RIGHT/HAND WRIST. There is no Request for Authorization provided. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. There is no documentation of any recent therapy and a short course to address the patient's continued pain may be indicated. However, the request for 18 sessions exceeds what is recommended by MTUS. This request IS NOT medically necessary.