

<b>Case Number:</b>	CM15-0036181		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 38 year old female patient who sustained an industrial injury on 03/21/2013. An orthopedic re-evaluation dated 12/03/2014 reported diagnostic testing to include magnetic resonance imaging of right wrist. The following diagnoses are applied: stellate scar of the right wrist and clinical evidence of right dorsal wrist tendonitis. Recommendation for conservative treatment with occupational therapy and the use of anti-inflammatory medication. Follow up in 6 weeks

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2-3 times a week for 6 weeks for the right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Section, Physical Therapy, Occupational Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy 2 to 3 times per week for six weeks to the right wrist is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are stellate scar of the right wrist; and clinical evidence of right dorsal wrist tendinitis. The medical record contains five pages. There is a single progress note dated December 3, 2014. Page 2 of the orthopedic progress note is missing from the documentation. As a result, there are no subjective complaints in the record. Objective information regarding the affected wrist is missing (information on page 2) from the medical record. The neurologic evaluation was normal. EMG studies were normal and an MRI of the right wrist was normal. The treating provider is recommended conservative treatment with occupational therapy. There is insufficient documentation in the medical record to warrant physical therapy. Moreover, the guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The treating provider requested 2 to 3 sessions per week for six weeks (18 visits). This request is well in excess of the recommended guidelines for a six visit clinical trial. Consequently, absent basic clinical information/clinical documentation regarding subjective and objective findings in a five page medical record with page 2 missing from the treating physician's progress note, occupational therapy 2 to 3 times per week for six weeks to the right wrist is not medically necessary.