

<b>Case Number:</b>	CM15-0053503		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	04/14/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 25 year old female, who sustained an industrial injury on 4/14/13. She reported initial complaints of right wrist and hand pain. The injured worker was diagnosed as having right wrist sprain; pain in limb; disorders of soft tissue, unspecified. Treatment to date has included x-ray right wrist (10/16/14); EMG/NCV bilateral upper extremities-normal (5/23/14); MRI right wrist (5/30/14); right short arm splint (7/9/14). A PR-2 dated 7/9/14 from an Orthopedic hand surgeon documents a visible right hand dorsal mass and complaints of numbness. The EMG/NCV and MRI studies were evaluated and report normal studies on the EMG/NCV but the MRI reports the mass was a hematoma and not tumor with no evidence of infection. This provider diagnosed the injured worker at that time, with Secretan's disease right hand and a short arm splint was applied to protect the hematoma per MRI findings. A psychiatric evaluation was recommended. Currently, per PR-2 notes dated 10/16/14 from an orthopedic surgeon, the injured worker complains of right hand pain. This provider did not have the diagnostic studies or report from the prior orthopedic hand surgeon and therefore, has requested 12 visits of additional occupational therapy evaluation and treatment for the right hand/wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 visits of additional occupational therapy evaluation and treatment for the right hand/wrist:** 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): 98, 99.

**Decision rationale:** The patient presents with pain in the right wrist and hand. The request is for 2 VISITS OF ADDITIONAL OCCUPATIONAL THERAPY EVALUATION AND TREATMENT FOR THE RIGHT HAND/WRIST. The provided RFA is dated 02/12/15 and the patient's date of injury is 04/14/13. The patient was diagnosed as having right wrist sprain, and Secretan's disease right hand and a short arm splint was applied to protect the hematoma per MRI findings. Per 10/16/14 report, physical examination to the hand/wrist revealed patient lacks extension at the MP joint of the small digit by 60 degrees right digit 45 degrees, Passively the patient has full range of motion though does not resist extension of the right and small digits. There is an area of swelling over the fourth metacarpal measuring 1 x 2 inches. It is mildly tender. Treatment to date has included x-ray right wrist (10/16/14); EMG/NCV bilateral upper extremities-normal (5/23/14); MRI right wrist (5/30/14); right short arm splint (7/9/14). The patient may perform modified duty. 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." Treater does not provide reason for the request and there is no discussion regarding therapy treatment history. A short course of occupational therapy would be indicated by guidelines given patient's symptoms. However, per utilization review letter dated 02/23/15 states, "the patient has completed 16 occupational therapy sessions for this chronic condition." The treater does not explain why additional therapy sessions are required and why the patient has not transitioned into a home exercise program. There are no new injuries, flare-up, or decline in function to warrant therapy intervention. The requested 12 sessions are excessive as well based on MTUS recommendation of 9-10 sessions for this type of condition. The request IS NOT medically necessary.