

<b>Case Number:</b>	CM14-0084469		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of October 30, 2012. A utilization review determination dated May 12, 2014 recommends non-certification of outpatient occupational therapy #12 for bilateral wrists. A progress note dated April 24, 2014 identifies subjective complaints of bilateral shoulder, bilateral wrist, and left-hand pain. The patient denies pain in the left hand; however, reports numbness and tingling of the left-hand present on and off for the past weeks. The patient began physical therapy for her hands about two days ago; she is attending therapy two times a week. The patient reports difficulty moving her arms in certain positions such as lifting objects, irritation of the right wrist while driving, and numbness of the right hand/wrist. The patient denies pain of bilateral shoulders; however reports sharp/stabbing pain between both shoulder blades and in the back side of her neck. Physical examination identifies tenderness of bilateral shoulders and hands, continued bilateral upper extremity weakness and mild limited range of motion, and right wrist with painful Phalen's test. Diagnoses include bilateral shoulder strain/sprain, bilateral wrist strain/sprain, right CTS, and possible left CTS. The treatment plan recommends prescription for Flexeril, a request for bilateral wrist OT, continuation of OT for the right wrist, and right CTR was discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Occupational Therapy # 12 for the bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for outpatient occupational therapy #12 for bilateral wrists, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. The ODG recommends 3-5 visits for CTS and 12 visits for de Quervain's. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, it appears that the currently requested number along with the therapy already provided exceeds the maximum number recommended by guidelines. In the absence of such documentation, the current request for outpatient occupational therapy #12 for bilateral wrists is not medically necessary.