

<b>Case Number:</b>	CM14-0195094		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Interventional Spine, 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:

The patient is a 56 year old female with an injury date of 12/09/10. Based on the 02/26/14 progress report, the patient has swelling CET right upper extremity. Ankle shows some degenerative changes. The 09/03/14 report states that the patient has pain and triggering in both her hands that involves her right ring finger and left long finger. She has pain and numbness in both hands. She has a positive Tinel's sign on the both wrists, positive compression on both wrists, and positive Phalen's sign on both wrists. There is tenderness over the right forearm and wrist. There is noted to be Dupuytren's nodules in the right palm. In regards to the left wrist, there is tenderness over the forearm and palm. The 11/07/14 report indicates that the patient continues to have persistent pain and numbness in both her hands. The numbness occasionally awakens her at night. There is tenderness over the A1 pulley at the base of the left thumb. The 02/13/14 MR of the right elbow revealed that there is "mildly increased signal within the distal biceps tendon and edema adjacent to the distal triceps tendon. Findings are nonspecific but may reflect mild tendinosis and peritendinitis." The 02/13/14 MRI of the left ankle revealed the following: 1. Findings compatible with mild posterior tibial tendinosis and tenosynovitis 2. Mild thickening and scarring of the anterior talofibular ligament compatible with chronic injury 3. Small focus of subchondral edema in the posterior distal tibia, likely degenerative in nature The patient's diagnoses include the following: 1. Trigger finger 2. Contracted palmar fascia 3. Wrist pain 4. Carpal tunnel syndrome 5. Tear of medial cartilage or meniscus of knee, current 6. Osteoarthritis, localized, primary, involving lower leg 7. Lateral epicondylitis 8. Pain in joint involving upper arm The utilization review determination being challenged is dated 11/20/14. Treatment reports were provided from 02/26/14-11/07/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Occupational therapy to the hands, wrist and forearms, qty: 6: Overturned**

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

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

**Decision rationale:** According to the 11/07/14 report, the patient presents with persistent pain and numbness in both her hands. The request is for occupational therapy to the hands, wrist, and forearms qty: 6. There is no indication if the patient has had any prior physical therapy. MTUS pages 98, 99 have 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." In this case, it is unclear whether the patient has previously had any therapy. The 09/09/14 report states that the physician will "treat her with a course of physical therapy 2 times a week for 3 weeks for wrist and forearm tendinitis." However, review of the reports provided do not show if the patient already had these sessions. The 11/07/14 report states that the patient should "see a hand therapist for rehabilitation 2 times a week for 3 weeks." The reports do not discuss treatment history and the treater does not explain why therapy is being requested but the patient continues to be symptomatic. Given that the patient has not had a recent course of therapy, a short course of therapy to address persistent upper extremity symptoms appear reasonable. The request is medically necessary.