

<b>Case Number:</b>	CM15-0005531		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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 67 year old female with an industrial injury dated 04/09/2012 resulting in right elbow symptoms due to frequent computer keyboard use and scanning. She presented for follow up on 11/19/2014 with complaints of pain predominantly at the base of the right thumb. "Therapy was denied". Physical exam noted mild-to-moderate TMC joint tenderness with full range of motion in all fingers right hand and wrist. Sensory and motor exam were intact. Grip was documented as right-30 and left-35. Diagnostic impression was: CTD (cumulative trauma disorder) of the right upper extremity-TMC (trapeziometacarpal joint) industrial exacerbation, TMC arthritis right hand. The injured worker was taking Voltaren and had been placed on Zantac due to having colitis. Other treatments were x-rays, TENS unit and physical therapy. MRI dated 08/07/2013 (not present in chart) but noted by provider to show degenerative changes of the DIP (distal interphalangeal) joints of all digits greatest in the little finger and thumb, mild TMC joint narrowing. On 12/11/2014 the request for occupational therapy 3 times a week for 4 weeks to right hand and elbow was non-certified by Utilization Review noting patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 3x4 for the right:** Upheld

**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:** The patient was injured on 04/09/12 and presents with pain at the base of the right thumb. The request is for OCCUPATIONAL THERAPY 3 X 4 FOR THE RIGHT ELBOW. There is no RFA provided and the patient is on a modified work duty. The utilization review determination letter indicates that the patient has had 16 prior sessions of occupational therapy. MTUS page 98 and 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 page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Review of the reports provided does not mention if the patient has had any recent surgery. The utilization review letter states that the patient has had 16 sessions of therapy to date. An additional 12 sessions of therapy exceeds what is recommended by MTUS guidelines. Therefore, the requested occupational therapy IS NOT medically necessary.