

<b>Case Number:</b>	CM15-0115413		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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:

This is a 65-year-old female with a July 31, 2012 date of injury. Current diagnoses (pain in joint involving hand; trigger finger (acquired); osteoarthritis, localized, primary, involving hand; radial styloid tenosynovitis). Treatments to date have included wrist arthroplasty, injections, bracing, therapy, x-rays of the right wrist that showed degenerative joint space narrowing at the first carpometacarpal and at the scaphotrapezotrapezoidal joint, and electromyogram/nerve conduction velocity study in April of 2015 that showed mild right cubital tunnel syndrome. A progress note dated April 27, 2015 documents subjective complaints (having a lot of pain in the right thumb, mostly volar side, but also dorsal and base; tolerating the splint okay; still experiencing significant swelling and weakness; decreased sensation along the dorsal aspect of the right hand and thumb; waking up at night with numbness and tingling), objective findings (surgical incision is healing nicely; wrist range of motion mildly restricted; thumb and finger range of motion restricted; light stroke sensory testing is decreased in the right thumb, index, and middle digit; tenderness to palpation of pulley of the right thumb). The treating physician documented a plan of care that included occupational therapy for the right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 6-12 sessions (1-2x6) right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapy, pages 98-99.

**Decision rationale:** Occupational therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified occupational therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of occupational therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal OT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further occupational therapy when prior treatment rendered has not resulted in any functional benefit. The Occupational Therapy 6-12 sessions (1-2x6) right hand is not medically necessary and appropriate.