

<b>Case Number:</b>	CM15-0119811		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	09/25/2009
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 was a 47 year old male, who sustained an industrial injury, September 25, 2009. The injured worker previously received the following treatments occupational therapy for the right wrist, steroid injections, over the counter non-steroidal medications and analgesic medications, status post reconstruction of the left thumb interphalangeal joint ulnar collateral ligament and home exercise program. The injured worker was diagnosed with carpal tunnel syndrome, sprain interphalangeal, radial styloid tenosynovitis and right wrist pain. According to occupational therapy progress note of April 1, 2015, the injured worker's chief complaint was right wrist and forearm pain which intensified with most activities of daily living tasks. The activity and functional use of the right upper extremity was 2-7 out of 10 at rest 3 out of 10 generalized wrist pain that radiated into the forearm. According to the progress note of March 17, 2015, the right wrist pain had improved, due to taping the right wrist. The right wrist pain level was 3 out of 10 at this visit. The pain was aggravated by using the mouse at work. The treatment plan included additional occupational therapy for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional OT 2 times a week for 6 weeks to the right wrist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional occupational therapy two times per week than six weeks to the right wrist is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are sprain interphalangeal joint; carpal tunnel syndrome; and radial styloid tenosynovitis. The date of injury is September 25, 2009. According to a physical therapy progress note dated April 1, 2015, the injured worker received #12 occupational therapy sessions to the left wrist. The injured worker was instructed on a home exercise program. According to a May 1, 2015 progress note, subjectively the medical record does not refer to the left wrist. Documentation indicates the left thumb is feeling better more strength. Objectively, the documentation references the left thumb. Sensory and vascular examination was intact. Finkelstein's response was negative. There was no clinical rationale in the May 1, 2015 progress note. According to a June 12, 2015 progress note, the worker has less discomfort in the right and left wrist. Objectively, there was pain with active range of motion of the right wrist in all areas. There was no tenderness noted. There are no subjective or objective clinical findings indicating additional physical therapy/occupational therapy is clinically warranted. There are no compelling clinical facts in the medical record indicating additional physical therapy over and above the recommended guidelines is clinically indicated. There is no documentation indicating surgery on the right wrist was performed. Consequently, absent clinical documentation demonstrating objective functional improvement of the right wrist and compelling clinical facts indicating additional occupational therapy is warranted, additional occupational therapy two times per week than six weeks to the right wrist is not medically necessary.