

<b>Case Number:</b>	CM15-0147598		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 is a 42-year-old female who sustained an industrial injury on 1-8-2014. Diagnoses have included bilateral rotator cuff with biceps tendonitis, De Quervain's tendonitis, Wrist flexor-extensor tendonitis and elbow pain, and left elbow pain with wrist flexor-extensor tendonitis. A "Normal" electrodiagnostic study on 11-4-2014 was cited in the medical record and an x-ray on 1-28-2014 was reported as having no acute findings. Documented treatment includes 6 sessions of acupuncture with reported 40 percent reduction in pain, bilateral elbow steroid injections, and medication. The injured worker continues to report constant "aching pain" in both upper extremities made worse with repetitive motions, especially on the right and in the wrist and hand, over the extensor surface of the thumb. Flexion and extension worsens the pain and aching is reported to affect most of her arms and shoulders. The treating physician's plan of care includes 12 sessions of occupational hand therapy which was denied on 6-29-2015. She has been working modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy- hand therapy, 2 to 3 times a week, in treatment of the bilateral upper extremities, quantity: 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical therapy (PT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand section, Occupational therapy.

**Decision rationale:** Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy hand therapy two to three times in the treatment of bilateral upper extremity, #12 sessions 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 exceed the guideline, exceptional factors should be noted. In this case, the workers working diagnoses are right upper extremity: shoulder pain, rotator cuff with biceps tendinitis; DeQuervain's tendinitis; wrist flexor/extensor tendinitis and elbow pain; and left upper extremity: shoulder pain and rotator cuff tendinitis and biceps tendinitis, elbow pain with wrist flexor/extensor tendinitis. According to a June 18, 2015 initial specialist consultation, the documentation indicates the injured worker received occupational therapy at [REDACTED] and did not improve, but returned to work full duty. Subjective symptoms include constant aching pain bilateral upper extremities. Pain increases with flexion and extension. Objectively, there is tenderness to palpation bilateral trapezius and cervical paraspinal muscles. There is tenderness at the AC joint, proximal tendon of the long head of the biceps and distal supraspinatus. TFCC is slightly tender at the wrist, ulnar aspect. Utilization review indicates the injured worker received 12 prior physical therapy sessions without sustained gains or objective functional improvement. The treating provider is requesting an additional 12 occupational therapy sessions. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Additionally, the injured worker received 12 sessions of physical therapy with no improvement. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from the first set of 12 physical therapy sessions and no compelling clinical facts indicating additional physical therapy is clinically warranted, occupational therapy hand therapy two to three times in the treatment of bilateral upper extremity, #12 sessions is not medically necessary.