

<b>Case Number:</b>	CM15-0170491		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	04/08/2015
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2015

### 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: Preventive Medicine, Occupational 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 28-year-old female who sustained an industrial injury on April 8, 2015 resulting in right wrist pain and weakness. Diagnosis is right wrist extensor tendonitis. Documented treatment includes modified work, use of a brace providing some relief, and ibuprofen. As of July 31, 2015 physician report, the injured worker continues to present with right wrist pain, weakness, and the pain is radiating to her mid-forearm. She also reports pain and swelling in her thumb webbing. This is stated in to be impacting her ability to perform some activities of daily living. She can work if modifications are allowed. The treating physician's plan of care includes 12 sessions of occupational therapy including splinting for the right wrist during treatment, which was denied stating that 10 physical therapy sessions had previously been approved without documented complications. There was no note of physical therapy in this provided documentation. Medrol dose pack was also requested but denied because the reviewer stated that the injured worker had already been given one in the emergency room on July 25, 2015, and there can be side effects with excessive dosing. 30 tablets of Soma 350 mg were denied due to reviewer's rationale of potential for abuse and dependency.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy, right wrist, 2 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Physical/Occupational therapy: Sprain and strains of wrist and hand.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The MTUS recommends passive therapy only during the early phases of the treatment and when they can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The age of the patient's claim does not meet the requirement of the early phase of treatment. In addition, the patient has already completed 10 physical therapy sessions for the right wrist to date. Occupational therapy, right wrist, 2 times a week for 6 weeks is not medically necessary.

**Splinting, right wrist, during occupational therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Physical/Occupational therapy: Sprain and strains of wrist and hand.

**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, & Hand (Acute & Chronic), Splints.

**Decision rationale:** The Official Disability Guidelines recommend splinting for treating displaced fractures, mallet finger, and rheumatoid arthritis. There was generally a positive effect of splint use on hand function; however, perceived splint benefit was marginal. Wrist splints have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. Occupational therapy has been denied, therefore, Splinting, right wrist, during occupational therapy is not medically necessary.

**Medrol dose pack #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**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, & Hand (Acute & Chronic), Oral Corticosteroids.

**Decision rationale:** The Official Disability Guidelines do not recommended oral corticosteroids for chronic pain. There are no quality studies specific to the wrist. Multiple severe adverse effects have been associated with systemic steroid use. Medrol (methylprednisolone) tablets are not approved by the FDA for pain. Medrol dose pack #1 is not medically necessary.

**Soma 350mg #30, no refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg #30, no refill is not medically necessary.