

<b>Case Number:</b>	CM15-0176121		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 33-year-old female, who sustained an industrial injury on October 17, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for tenosynovitis of the right hand and wrist and pain in the right forearm. On August 10, 2015, the injured worker was reported to have right thumb tenosynovitis and possible lipoma of the right forearm. The Treating Physician's report dated August 10, 2015, noted the injured worker was unable to tolerate open or closed MRI and therefore was sent for an ultrasound of the right forearm. The injured worker was noted to have had a right thumb A1 pulley injection at her previous visit with good relief of symptoms. The injured worker was noted as not currently taking any medications. The right elbow and forearm examination was noted to show tenderness present at the posterior forearm with mild to moderate swelling present extra-articularly. The wrist and hand was noted to show tenderness of the thumb at the level of the carpometacarpal (CMC) joint and trace swelling at the palmar (volar) surface of the hand. Prior treatments have included a right carpal tunnel release, cubital tunnel release and lower extremity debridement on March 27, 2014, massage therapy, home exercise program (HEP), physical therapy, anesthetic-steroid injection to the right carpometacarpal (CMC) joint June 24, 2015, TENS, and medication. The treatment plan was noted to include a right thumb brace, continuation of home exercise program (HEP), and initiation of occupational therapy. The physician noted the injured worker's ultrasound of the right arm was negative, and on examination there was palpable pain over the PIN (posterior interosseous nerve) region, and "I think therapy would benefit her". The request for authorization dated August 11, 2015, requested occupational therapy 2 times a week

for 6 weeks for the right forearm-thumb qty: 12.00. The Utilization Review (UR) dated August 14, 2015, non-certified the request for occupational therapy 2 times a week for 6 weeks for the right forearm-thumb qty: 12.00

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Occupational therapy 2 times a week for 6 weeks for right forearm/thumb qty: 12.00:**  
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).

**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), physical therapy.

**Decision rationale:** The claimant sustained a work injury in October 2012 and underwent a right carpal and cubital tunnel release and lateral epicondyle debridement in March 2014. When seen, there had been improvement after a right thumb trigger finger injection at the previous visit. There had been no improvement after a first CMC joint injection. Physical examination findings included posterior forearm tenderness with mild to moderate swelling. There was first CMC joint tenderness and swelling. There was full wrist and thumb range of motion without pain. Authorization was requested for a right thumb splint and for 12 sessions of occupational therapy. In terms of physical therapy for a sprain / strain of the elbow or for forearm or for thumb joint pain, guidelines recommend up to 9 treatment sessions over 8 weeks and concurrent treatments would be expected. In this case, the number of initial visits requested is in excess of that recommended or what might be needed to determine whether continued therapy was necessary or likely to be effective. The request is not medically necessary.