

<b>Case Number:</b>	CM15-0179313		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	07/20/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Pennsylvania, Ohio, 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:

The injured worker is a 37 year old female, who sustained an industrial injury on July 20, 2014, resulting in pain or injury to the right wrist and thumb. A review of the medical records indicates that the injured worker is undergoing treatment for chronic right wrist strain, chronic right wrist De Quervain's tenosynovitis, and chronic right wrist carpal tunnel syndrome, all noted to be improved as of August 5, 2015 physician report. On August 5, 2015, the injured worker reported movement of the right wrist caused shooting pain in the right thumb and numbness in the pointer and middle fingers. The Primary Treating Physician's report dated August 5, 2015, noted the injured worker reported her right wrist pain as constant, rated 4-9 out of 10, better with medications and worse with weather changes. The injured worker's current medications were listed as Neurontin, Relafen, Lidoderm patches, and Thermacare hot wraps. Prior treatments have included 8 sessions of physical therapy, bracing, a right wrist injection in January 2015, and occupational therapy. The physical examination was noted to show the right wrist with tenderness. The injured worker was noted to have had a course of 5 sessions of occupational therapy which had been helpful but continued to have difficulty and felt the provided brace needed to be modified. The treatment plan was noted to include a request for continued occupational therapy for 6 sessions to increase function, pain management, and mobility. The injured worker was noted to be able to return to full duty with no limitations or restrictions on September 5, 2015. On April 8, 2015, the injured worker was noted to have completed 5 sessions of occupational therapy. The occupational therapy notes provided in the submitted documentation included the dates from June 8, 2015, to July 15, 2015. The injured worker's

verbal pain rating at best was noted to go from 3 on June 8, 2015, to 5 on July 15, 2015, with the worst pain rated consistently at 8. On July 15, 2015, the injured worker was noted to report an increase in her pain, noting she did not wear the orthosis at work as she was unable to perform her job duties with it on. The injured worker noted she had difficulty with self-care tasks of applying makeup, brushing teeth, and chopping food due to pain. Grip strength was noted to be improved since April 15, 2015, without significant improvement since the eval of June 8, 2015, with a decrease in pinch movement also noted since June 8, 2015. The request for authorization dated August 5, 2015, requested 6 occupational therapy treatments. The Utilization Review (UR) dated August 14, 2015, modified the request for 6 occupational therapy treatments to approve 4 sessions for training and supervision of a transition to a dynamic home exercise program (HEP).

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

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

**6 occupational therapy treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** MTUS encourages physical or occupational therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.