

<b>Case Number:</b>	CM15-0061317		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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 46 year old male, who sustained an industrial injury on 6/24/14. He reported right index digit pain. The injured worker was diagnosed as having right index digit extensor tethering/dorsal capsular tightening as a consequence of cellulitis, sporotrichosis of right index digit, cellulitis of right index digit, right index digit radial and ulnar digital neuralgia, right lateral epicondylitis and right wrist de Quervain's tenosynovitis. Treatment to date has included oral medications, hand therapy, topical medications and home exercise program. Currently, the injured worker complains of ongoing numbness and stiffness in right second digit with intermittent neuropathic symptoms and right wrist pain and elbow pain. Physical exam noted swelling of right index digit with decreased sensation to light touch along right index digit and restricted range of motion with pain, exquisite tenderness is also noted over the first dorsal compartment. The treatment plan included request for follow up appointment and further hand therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2 x 3 weeks, Right Hand/Finger:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-

99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Edition, Chapter: Forearm, Wrist, & hand, Physical/Occupational Therapy Guidelines, Preface.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy two times per week times three weeks to the right hand/digit 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 right index digit extensor tethering/dorsal capsular tightening as a consequence of cellulitis; sporotrichosis right index digit; right index digit radio and ulnar digital neuralgia; right lateral epicondylitis; and right wrist DeQuervain's tenosynovitis. The request for authorization is dated February 19, 2015. The most recent progress note in the medical record is dated December 4, 2014. There is no contemporaneous progress note on or about the date of authorization, February 19, 2015. In a December 4, 2014 progress note, subjectively the injured worker complains of numbness and stiffness in the right second digit. There are intermittent neuropathic symptoms. There is pain in the right wrist and right elbow. The injured worker is currently not taking any medications and has not had surgery to date. The documentation shows the injured worker was authorized for physical therapy to the hand and received 8 sessions of physical therapy. There is no documentation of objective functional improvement from prior therapy. There are no compelling clinical facts indicating additional physical therapy to the hand/digit is clinically warranted. Consequently, absent contemporaneous clinical documentation on or about the date of authorization February 19, 2015 and documentation evidencing objective functional improvements from the prior 8 sessions of hand therapy authorized and received, occupational therapy two times per week times three weeks to the right hand/digit is not medically necessary.