

<b>Case Number:</b>	CM13-0009444		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/13/2006
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year old female who reported an injury on 02/13/2006. The mechanism of injury was not provided and reports pain to the right wrist going back to 2005. Then at the time of the reported injury, the patient reported bilateral wrist pain. Past treatments include physical therapy, medications and work restriction. Also included were steroid injections in 2007, EMG/NCS (electromyography/nerve conduction studies) in 2006 that were reported as normal and an MRI of the right wrist performed on 10/20/2008 which was noted as normal. Diagnoses include bilateral upper limb chronic tendinitis, element of bilateral carpal and cubital tunnel syndrome. Subjectively, the patient complained of burning pain in the bilateral wrists, neck pain and upper trunk and shoulder pain. Past medications include Trazodone 150mg, Xanax 0.5mg, Motrin 600mg and Cymbalta 30mg. The patient has reportedly had 6 physical therapy sessions to date. Active range of motion of upper extremities revealed left wrist extension of 63, 64 degrees, right wrist extension of 65, 65 degrees, left wrist flexion of 60, 75 degrees and right wrist flexion of 40, 60 degrees. Grip strength was 5, 19 on the left and 5, 20 on the right.: left 5, 19/right 5, 20. Reportedly, the patient has received 12 physical therapy sessions to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Occupational Therapy for bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** The CA MTUS guidelines recommends 9-10 visits over 8 weeks. The patient has exceeded the recommended number of visits as evidenced by 12 sessions to date and has gone beyond the time framework for treatment. No functional deficits noted in clinical information provided to support additional formal supervised therapy versus an independent home exercise program. As such, the requested service is non-certified.