

<b>Case Number:</b>	CM13-0017771		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Family Practice and is licensed to practice in Texas. 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:

The patient is a 41-year-old female who reported an injury on 01/25/2013 due to cumulative trauma while performing normal job duties. Conservative treatment included nonsteroidal anti-inflammatory drugs and physical therapy. The patient's most recent physical findings included tenderness to the left wrist with normal range of motion and normal sensation of the left hand. The patient's diagnoses included left wrist joint pain. The patient's treatment plan included additional occupational therapy and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy for the left wrist (6 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand Chapter, Physical Medicine

**Decision rationale:** The requested 6 occupational therapy sessions for the left wrist are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has undergone 6 sessions of occupational therapy. It is noted

that the patient did show signs of improvement as a result of the prior physical therapy. California Medical Treatment Utilization Schedule does recommend the continued use of physical therapy as a treatment modality be based on functional improvement. However, Official Disability Guidelines recommend up to 9 visits of physical therapy as a result of sprain or strain injury of the wrist and hand. The requested 6 additional visits in combination with the prior 6 physical therapy visits exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 6 occupational therapy sessions for the left wrist are not medically necessary or appropriate.