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| <b>Case Number:</b>   | CM13-0021857 |                              |            |
| <b>Date Assigned:</b> | 11/13/2013   | <b>Date of Injury:</b>       | 12/21/2012 |
| <b>Decision Date:</b> | 01/17/2014   | <b>UR Denial Date:</b>       | 08/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/09/2013 |

### 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 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 22-year-old female with a reported date of injury on 12/21/2012. The patient presented with pain in the left forearm, wrist, and hand, pain radiating into her neck and back, and discomfort on the dorsal aspect of her left hand. The patient had diagnoses including post burn, allodynia left upper extremity, and depression/anxiety. The physician's treatment plan included a request for occupational therapy 2 times per week for 6 weeks for the left hand.

### 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 the left hand:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines recommend 8-10 sessions of occupational therapy over 4 weeks. However, the

California MTUS guidelines and ACOEM do not specifically address occupational therapy for burns. The Official Disability Guidelines recommend 8 visits over 6 weeks for medical treatment and 16 visits over 8 weeks for post-surgical treatment. Per the provided documentation, it appeared the patient had undergone 6 sessions of occupational therapy. Within the provided documentation, it was unclear if the patient showed objective functional improvement with the prior sessions of occupational therapy. Additionally, the request for 12 additional sessions of occupational therapy for the left hand would exceed the guideline recommendations. Therefore, the request for occupational therapy 2 times per week for 6 weeks for the left hand is neither medically necessary nor appropriate.