

<b>Case Number:</b>	CM13-0025642		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 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 male sustained an injury on 1/30/13 while employed by [REDACTED]. Request under consideration include Prospective Occupational Therapy 2x Wee for 3 weeks for the right hand/wrist. Report of 8/30/13 from occupation therapist noted patient has attended 24 visits; pain rated as 2/10 (initial at 8/10); intermittent weakness in grip, but with decreased pain; active range of thumb abduction 0-40, flexion 0-15, MP ext/flex 0-50, IP ext/flex 0-60 degrees; active wrist extension 60 degrees and radial and ulnar deviation of 20 degrees; Diagnosed with right hand and wrist pain/strain. Report from provider on 6/18/13 noted feeling a little better in terms of strength, but still weak; right wrist pain intermittent. Exam showed patient was able to make a fist with pain. Diagnosed included post-concussion syndrome; contusion shoulder and upper arms; wrist joint pain. Request for additional OT was non-certified on 9/11/13 citing guidelines criteria and lack of medical necessity. [REDACTED]

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Occupational Therapy 2x Wee for 3 weeks for the right hand/wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Forearm, Wrist, and Hand (updated 5-8-13)

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

**Decision rationale:** Review of submitted physician reports show no evidence of continued functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received at least 24 therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. The patient has continued to treat with provider for ongoing pain complaints. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this January 2013 injury with diagnoses of wrist joint pain. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Prospective Occupational Therapy 2x Week for 3 weeks for the right hand/wrist is not medically necessary and appropriate.