

<b>Case Number:</b>	CM13-0041086		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Illinois. 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 57 year old female who reported an injury on 07/02/2012, due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to her right wrist, hand, and forearm. The patient was initially treated conservatively with occupational therapy and wrist brace, injections, and medications. However, the patient ultimately underwent surgical intervention of the right wrist, followed by a course of postoperative physical therapy. The patient's most recent clinical documentation indicated that the patient had limited range of motion of the IP-1 joint in the right thumb, with improved overall range of motion of the right thumb. It was noted that the patient had a low pain threshold and had undergone a very large surgical procedure that required additional occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2xwk for 4wks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

**Decision rationale:** The requested occupational therapy 2 times a week for 4 weeks is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends up to 24 visits of occupational therapy in the postsurgical management of the arthroplasty of a finger. The clinical documentation submitted for review does indicate that the patient has participated in approximately 20 visits of physical therapy post surgery. Although the patient does have some pain deficits and range of motion deficits that would benefit from an additional 4 visits of physical therapy, the requested 2 x 4 exceeds this recommendation. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested occupational therapy 2 times a week for 4 weeks is not medically necessary or appropriate.