

<b>Case Number:</b>	CM13-0043507		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	10/01/2010
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice 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 expert 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:

67 year old male claimant sustained a work injury on 10/1/10 involving the wrists and shoulders. He was diagnosed with carpal tunnel syndrome in both hands and arthritis of both wrists/hands. He had undergone a right shoulder arthroscopy and had numerous sessions of therapy in 2012-2013 for the shoulders and wrists. A progress note on 8/23/13 indicated the claimant had persistent stiffness and swelling in both hands. Exam findings were unremarkable. The physician requested 18 sessions of physical or occupational therapy. These requests were made similarly for the past year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 3 times a week for 6 weeks for the bilateral wrist/hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their

associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeksReflex sympathetic dystrophy (CRPS) 24 visits over 16 weeksIn this case, the claimant had received numerous sessions of physical therapy. There was no indication that home exercises cannot be performed. The request for additional sessions exceeds the guidelines amount above and is not medically necessary.