

<b>Case Number:</b>	CM14-0064188		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/25/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Physical Medicine & 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 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:

The injured worker is a 36-year-old female who reported an injury after cumulative trauma on 05/25/2013. The clinical note dated 04/02/2014 indicated diagnosis of other specified aftercare pain in limb and De quervain's tenosynovitis. The injured worker reported her pain as aching and sharp, 2/10. On physical examination of the right wrist, the injured worker had normal range of motion with no tenderness, no bony tenderness, no swelling, no effusion, no crepitus, no deformity, and no laceration. The examination of the right hand was within normal limits. The injured worker reported continued weakness in grip and sharp pain with handling the sliced meat machine. The injured worker's prior treatments included occupational therapy and diagnostic imaging. The injured worker's medication regimen was not provided for review. The provider submitted a request for occupational therapy, 2 sessions per week for 3 weeks on the right shoulder elbow and thumb. The injured worker's treatment plan included regular work, continued prescribed medication, referral to occupational therapy, wear wrist brace, recommend home exercise program, and recommend ergonomic evaluation. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy two sessions per week for three weeks to the right shoulder, elbow, and thumb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 474.

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

**Decision rationale:** The request for Occupational Therapy two sessions per week for three weeks to the right shoulder, elbow, and thumb is non-certified. The California MTUS state that 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 note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's amount of prior sessions to warrant additional sessions and the efficacy of the prior sessions. In addition, there is lack of documentation including an adequate and complete physical exam demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength or flexibility. Moreover, the completed physical therapy should have been adequate to transition the injured worker into a home exercise program where the injured worker may continue with exercises such as strengthening, stretching, and range of motion. Therefore, the request for Occupational therapy two sessions per week for three weeks to the right shoulder, elbow, and thumb is not medically necessary.