

<b>Case Number:</b>	CM14-0072318		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 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 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:

Medical Records reflect the injured worker is a 44 year old female with a work related injury dated 11-1-13. On this date, the injured worker sustained bilateral radial styloid fractures. He also has a diagnosis of bilateral deQuervain's tenosynovitis which is asymptomatic at this time, as well as bilateral lateral epicondylitis. The injured worker has been treated conservatively with medications and physical therapy. She has had 12 physical therapy sessions. Office visit dated 3-7-14 notes the injured worker has residual pain and stiffness. She has persistent left wrist dysfunction and pain. The treating provider recommended the injured worker continue with occupational therapy for the left wrist, 2-3 treatments over the next week

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 X 3 left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98,99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist chapter - physical therapy.

**Decision rationale:** Current treatment guidelines reflect that physical therapy is indicated; but one should allow for fading of treatment frequency plus active self-directed home physical medicine. Medical records note that the injured worker has had 12 physical therapy sessions to date. There is an absence in documentation noting that this injured worker cannot perform a home exercise program or that there are extenuating circumstances to support physical therapy at this juncture, so far removed from the original injury. Therefore, based on the records provided, this request is not medically necessary.