

<b>Case Number:</b>	CM14-0082660		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Occupational Medicine 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:

This patient is a 36 y/o male who developed persistent wrist pain subsequent to a lifting injury on 12/11/13. The x-rays were negative and MRI studies showed a possible bone contusion, but no findings suggestive of fracture or ligamentous tear. He has been evaluated by a hand specialist who did not recommend further occupational therapy. The hand specialist opined that this patient should return to activity as tolerated and the pain should slowly subside. He has also been evaluated by an Occupational Therapist who stated that continued therapy was not indicated. The records document 10 prior sessions of therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2x4 for the right wrist QTY:8: Upheld**

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

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

**Decision rationale:** MTUS Guidelines recommend from 8-10 sessions of therapy as being adequate for most chronic musculoskeletal conditions. This patient has completed the Guidelines recommended amount of therapy. In addition, the Occupational Therapist and Hand

Surgeon opinioned that additional therapy was not necessary. There are no unusual circumstances to justify an exception to Guideline recommendations. The requested additional 8 sessions of occupational therapy is not medically necessary.