

<b>Case Number:</b>	CM14-0187226		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	09/11/2014
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 is a 53 year old female with a 9/11/14 injury date. A container fell out of a cabinet and injured her left hand. In a 10/22/14 note, the patient complained of left wrist pain. Objective findings included no deformity, tenderness over the flexor and extensor surfaces of the wrist, no tenderness or instability of the carpometacarpal joints, no crepitus with full range of motion, some weakness noted no anatomic snuff box tenderness, and negative Tinel's and Finkelstein's. A 10/20/14 MRI of the left wrist revealed erosions of the atrium, which may represent inflammatory arthropathy. The provider recommended cancelling physical therapy and starting occupational therapy to increase range of motion, increasing strength to 4/5, decreasing pain to 2/10 or less, and restoring functional capacity to allow return to full duty work. Diagnostic impression: left wrist sprain/strain, r/o inflammatory arthropathy. Treatment to date: medications, rest, activity restriction, physical therapy (6 sessions). A UR decision on 10/29/14 denied the request for occupational therapy, three times a week for two weeks for the left hand and wrist because the patient has already completed six sessions of physical therapy and there were no documented extenuating circumstances to support exceeding current treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy, three times a week for two weeks for the left hand and wrist:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, page 114 and on Official Disability Guidelines (ODG): Forearm, Wrist, and Hand--Physical/Occupational therapy

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. ODG supports 9 physical therapy sessions over 8 weeks for the treatment of hand/wrist sprain/strain. However, this patient has already had 6 sessions of therapy and the request is for 6 more, which would exceed the guideline limitations. In addition, the patient is apparently working without limitations and there are no objective functional deficits on physical exam that would necessitate further physical therapy. Therefore, the request for occupational therapy, three times a week for two weeks for the left hand and wrist is not medically necessary.