

<b>Case Number:</b>	CM15-0009283		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/25/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43 year old male who sustained an industrial injury on 11/25/2012. Diagnoses include right wrist sprain with persistent extensor Carpi Ulnaris (ECU) tendinopathy, will improve with time, therapy, and independent exercise. Treatment has included occupational therapy sessions, smart glove, CAT splint, injections, and medications. A physician progress note dated 12/16/2014 documents the injured worker has long-standing right wrist symptoms. His therapy has shown good improvement. The treating provider is requesting additional occupational therapy to the right wrist 2 x 3 (for a total of 27). On 12/29/2014 Utilization Review non-certified the request for additional occupational therapy to the right wrist 2 x 3 (for a total of 27), citing California Medical Treatment Utilization Schedule (MTUS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Occupational Therapy right wrist 2x3 (27 total): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** The patient presents with right wrist symptoms. The request is for ADDITIONAL OCCUPATIONAL THERAPY RIGHT WRIST 2X3 (27 TOTAL). The request for authorization is not available. The patient is status-post injection 05/27/14. Patient is improving with therapy and independent exercise. MRI on 05/16/14 shows ECU tendinopathy. The patient is working full duty. MTUS Chronic Pain Management Guidelines, pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 12/16/14, treater's reason for the request is the patient "performed therapy with good improvement... and would like to continue." A short course of occupational therapy would be indicated by guidelines given patient's symptoms. However, per submitted occupational therapy reports from 07/07/14 to 12/16/14 shows patient has had at least 14 sessions. Per UR letter dated 12/29/14, patient has attended 21 sessions of occupational therapy. Additionally, treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to continue with the home exercise program. Furthermore, the request for 6 additional sessions of occupational therapy for a total of 27 would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.