

<b>Case Number:</b>	CM15-0132116		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 53-year-old female, who sustained an industrial injury on 7/1/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having De Quervain's tenosynovitis and a right hand/wrist surgery. There is no record of a recent diagnostic study. Treatment to date has included postoperative occupational therapy and medication management. In a progress note dated 6/22/2015, the injured worker complains of pain, numbness and tingling in the right hand and wrist. Physical examination showed right arm swelling and tenderness over the first right dorsal compartment. The treating physician is requesting 12 additional occupational therapy visits for the right hand/wrist/arm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional OT 3X4 right hand /wrist/arm:** Upheld

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

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

**Decision rationale:** MTUS Physical Medicine Guidelines allow for "fading of treatment frequency plus active self-directed home physical medicine." At this point, the claimant should be well versed in a home exercise program. Additional therapy could be recommended if there were specific teaching goals for additional therapy. In this case, such goals are not identified. Therefore, the request for additional occupational therapy is not medically necessary.