

<b>Case Number:</b>	CM15-0144115		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	10/04/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 25 year old male, who sustained an industrial injury on 10-4-2014. The mechanism of injury was being hit by a rotor on the left wrist. The injured worker was diagnosed as having right hand fibrosis and DeQuervain's tenosynovitis. Right upper extremity Electromyography (EMG) was negative for cervical radiculopathy and carpal tunnel syndrome. Treatment to date has included therapy and medication management. In a progress note dated 6-26-2015, the injured worker complains of right wrist pain extending to the right hand with numbness and tingling in the right shoulder. Physical examination showed strength to be 4+ out of 5 in the right arm. The treating physician is requesting Kinetic Activities (OT) x 8 Sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ex-Kinetic Act (OT) x 8 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-56.

**Decision rationale:** The California MTUS does not recommend manual therapy and manipulation for chronic pain of the forearm, wrist, and hand, and as this patient's complaints are chronic in nature per the MTUS definition of "pain that persists beyond the anticipated time of healing," the requested treatment for 8 sessions of occupational therapy cannot be considered medically necessary, particularly in light of the lack of evidence in the provided records of functional improvement after prior physical therapeutic modalities. Therefore, the request is not medically necessary.