

<b>Case Number:</b>	CM15-0164370		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 45 year old female, who sustained an industrial injury on 9-18-13. The injured worker has complaints of left hand pain with intermittent numbness. The wrist and hand examination revealed tenderness throughout both dorsal and volar with moderate to severe with hypersensitivity. The diagnoses have included left hand contusion; left wrist contusion and tenosynovitis; left wrist mild carpal tunnel syndrome and left upper extremity complex regional pain syndrome. Treatment to date has included physical therapy; injections; transcutaneous electrical nerve stimulation unit; norco; amitriptyline; magnetic resonance imaging (MRI) of the left wrist on 6-24-14 showed small carpal joint effusion with a 1.5 centimeter ganglion cyst volar to the radiosaphoid articulation and electromyography/nerve conduction study left upper extremity showed mild carpal tunnel syndrome. The request was for occupational therapy 2 times a week for 4 weeks, quantity, 8 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 times a week for 4 weeks, quantity: 8 sessions: Upheld**

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

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

**Decision rationale:** Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for occupational therapy visits in this individual with chronic pain. The request is not medically necessary.