

<b>Case Number:</b>	CM15-0208481		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: 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 36 year old female, who sustained an industrial injury on 10-2-13. The injured worker has complaints of right elbow radiating down right hand with numbness. There is stiffness and tightness noted on right trapezius and there is tenderness noted at the right elbow. Supination and pronation is somewhat restricted and painful. The diagnoses have included right cubital tunnel release; rule out right carpal tunnel and right wrist sprain. Treatment to date has included tramadol; fenoprofen; ice alternative with heat; continue gripping and grasping exercises. The original utilization review (9-28-15) non-certified the request for occupational therapy, right wrist, 8 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy, right wrist, 8 sessions:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Physical therapy guidelines - reflex sympathetic dystrophy (CRPS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 24 visits for Reflex sympathetic dystrophy (CRPS). In this case, the injured worker's diagnosis and current examination findings support the request for occupational therapy treatments for the right wrist. The request for Occupational therapy, right wrist, 8 sessions is medically necessary and appropriate.