

<b>Case Number:</b>	CM15-0023170		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old female sustained an industrial injury on 10/1/13. She subsequently reports pain and stiffness in bilateral hands. Diagnoses include left hand sprain and tendinitis. Treatment to date has included physical therapy, splinting and prescription medications. On 1/8/15, Utilization Review partially-certified a request for Occupational therapy for the left and right hand, 2 times a week for 4 weeks. The Occupational therapy for the left and right hand, 2 times a week for 4 weeks was modified to 2 times a week for 3 weeks. This decision was based on MTUS, ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy for the left and right hand, 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational Therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

**Decision rationale:** The claimant sustained a work injury and October 2013 and continues to be treated for a diagnosis of bilateral and sprain/tendinitis. Prior treatments have included therapy. In terms of therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program.