

<b>Case Number:</b>	CM15-0218554		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: California

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 51-year-old male with an industrial injury date of 10-08-2013. Medical record review indicates he is being treated for arthritis of right wrist and status post-surgery - osteoarthritis basilar joint of right thumb. In the 10-14-2015, treatment note the treating physician noted: "Feels treatment ok, just needs more time with occupational therapy and home exercise program." Symptoms are documented as unchanged. Work status was documented as modified duty (10-14-2015.) Medical record review of occupational therapy notes indicates at least 15 prior visits of occupational therapy. Objective findings (10-14-2015) included wrist range of motion from neutral - Flexion 30 degree, extension 30 degree, abduction 30 degree and adduction 20 degree. Sensation was documented as within normal limits. On 10-19-2015 the request for OT (occupational therapy) times 6 to the right wrist and hand was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy to the right wrist/hand 6 visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. In this case, the injured worker has already completed at least 15 sessions of occupational therapy and should be able to continue to a home-based, self-directed exercise program. The request for occupational therapy to the right wrist/hand 6 visits is determined to not be medically necessary.