

<b>Case Number:</b>	CM15-0030018		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on 8/19/2012. The mechanism of injury was not provided. Diagnoses include lateral epicondylitis, wrist sprain, myofascial pain syndrome and causalgia upper limb. Treatments to date include stellate ganglion block, H-wave trial, 15 sessions of physical therapy/occupational therapy and 12 additional occupational therapy sessions. A progress note from the treating provider dated 12/29/2014 indicates the injured worker reported right arm pain. On 1/12/2015, Utilization Review non-certified the request for 6 sessions of occupational therapy, citing MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 6 Occupational Therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy guidelines, Pain chapter and forearm, wrist and hand Chapter.

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

**Decision rationale:** This patient presents with right arm and hand pain. The treater is requesting ADDITIONAL SIX OCCUPATIONAL THERAPY SESSIONS. The RFA from 08/22/2014 shows a request for occupational therapy two times per week for six weeks 12 visits. The patient's date of injury is from 08/19/2012 and she is currently unemployed. The MTUS Guidelines page 99 and 98 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any recent occupational therapy reports. The utilization review dated 01/12/2015 noted that the patient has received some 12 occupational therapy sessions in 2014 with some improvement. The 08/22/2014 progress report notes that the treater is requesting occupational therapy to 'desensitize' and improve function. In this case, the requested six additional occupational therapy sessions when combined with the previous 12 that the patient received would exceed MTUS guidelines. The patient should now be able to transition into a self-directed home exercise program to improve strength and functionality. The request IS NOT medically necessary.