

<b>Case Number:</b>	CM15-0050954		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: North Carolina, Georgia  
 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 61-year-old male, who sustained an industrial injury on May 29, 2012. He has reported right wrist pain. Diagnoses have included injury of the elbow, forearm and wrist, right chronic wrist pain, closed right wrist injury, and right basal joint degenerative arthritis. Treatment to date has included medications, physical/occupational therapy x25 sessions, and right wrist surgery on 5/20/14. A progress note dated January 9, 2015 indicates a chief complaint of right wrist tightness, stiffness and tightness of the right fingers and thumb, weakness of the right hand, and difficulty with gripping and grasping with the right hand. The treating physician documented a plan of care that included additional occupational therapy and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of occupational therapy, 2 per week for 4 weeks to right wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2  
 Page(s): 98-99.

**Decision rationale:** The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical and occupational therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. As the claimant is 11 month post-op, post-op physical therapy recommendations do not directly apply. However, the medical records contain sufficient documentation of progress from the initial therapy and residual limitations expected to improve with an additional course of therapy to indicate a medical need for 2x4 sessions of occupational therapy. I am overturning the original UR decision and find that occupational therapy 2x4 is medically indicated.