

<b>Case Number:</b>	CM15-0055882		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 53 year old female with an industrial injury dated 10/12/2011. Her diagnosis consists of other lesion of median nerve, complex regional pain syndrome, mononeuritis of unspecified site and brachial neuritis/radiculitis. Prior treatments include right carpal tunnel and trigger finger release at the right middle finger, right stellate ganglion block, occupational therapy, right median nerve hydro dissection and physical therapy. She presents on 02/17/2015 with complaints of right hand pain and right hand weakness. Physical exam showed difficulty with finger opposition and weak grip posture, which (the physician notes) is somewhat worse than the previous examination. Wrist and hand were stiff and swollen. The treating physician documents the injured worker needs further manual therapy and has demonstrated significant (albeit gradual) improvement. Authorization was requested for 8 sessions of occupational therapy.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient is a 53 year old female with an injury on 10/12/2011. She had carpal tunnel release and trigger finger release. She has complex regional pain syndrome and already had courses of physical therapy and additionally courses of occupational therapy (a form of physical therapy). MTUS, Chronic Pain guidelines note a maximum of 24 visits of physical therapy/occupational therapy over a 16 week period from the injury/CRPS. The requested additional occupational therapy for 8 visits is not medically necessary and consistent with MTUS guidelines.