

<b>Case Number:</b>	CM14-0139285		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/04/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 47-year-old female was reportedly injured on May 4, 2013. The mechanism of injury is noted as having a client grabbed the injured employee's finger. The most recent progress note, dated August 12, 2014, indicates that there are ongoing complaints of pain and stiffness in the left-hand radiating to the shoulder. Current medications include Voltaren and Prilosec. The physical examination demonstrated stiffness of the left shoulder and pain with range of motion. There was also stiffness of the left ring and small fingers along with swelling and atrophy of the small finger. Diagnostic imaging studies of the left-hand revealed no fractures. Previous treatment includes physical therapy a TENS unit, and oral medications. A request had been made for occupational therapy two times a week for six weeks for the left upper extremity and was not certified in the pre-authorization process on August 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Occupational Therapy Left Upper Extremity 2 times a week over 6 weeks:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** According to the attached medical record the injured employee has already participated in previous physical therapy for the left-hand without documentation of any objective improvement in their function or ability to perform activities of daily living. Considering this, the request for additional occupational therapy two times a week for six weeks for the left upper extremity is not medically necessary.