

<b>Case Number:</b>	CM15-0111496		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	12/22/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 29 year old female, who sustained an industrial injury on December 22, 2014 while working as a nurse. The injury occurred while moving a patient. The injured worker has been treated for right wrist and right lower arm complaints. The diagnoses have included right wrist sprain, elbow/forearm sprain/strain, forearm tendonitis and right lateral epicondylitis. Treatment to date has included medications, radiological studies, MRI, splints, ice treatments, electrodiagnostic studies, occupational therapy, physical therapy, a home exercise program and acupuncture treatments. Current documentation dated April 22, 2015 notes that the injured worker reported worsening right elbow pain. Examination of the right upper extremity revealed minimal soft tissue swelling and mild tenderness to palpation of the forearm diffusely. The injured workers pain with resisted wrist extension was noted to be less. Full range of motion of the right shoulder, elbow and wrist was noted. The treating physician's plan of care included a request for occupational therapy # 8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy x8:** Upheld

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

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

**Decision rationale:** Occupational Therapy x 8 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had extensive prior PT. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 8 more supervised therapy visits therefore this request is not medically necessary.