

<b>Case Number:</b>	CM15-0125286		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 52 year old male, who sustained an industrial injury on 11/12/2013. Diagnoses have included bilateral overuse syndrome. Treatment to date has included wrist splints and medication. According to the progress report dated 6/9/2015, the injured worker complained of episodic discomfort involving both upper extremities with more prolonged, repetitive use. Physical exam revealed decreased diffuse tenderness over both wrists and forearms. Sensation to light touch was slightly decreased in the left small finger. Pressure provocative testing over the cubital tunnel was positive at thirty seconds on the left. Authorization was requested for occupational therapy for the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 times a week for 3 weeks bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

**Decision rationale:** Occupational therapy 2 times a week for 3 weeks bilateral upper extremities 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 prior PT but it is unclear exactly how many sessions the patient has had for each extremity and why the patient is not versed in a home exercise program. Without clarification of this information this request is not medically necessary.