

<b>Case Number:</b>	CM15-0171761		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	10/05/2013
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: California

Certification(s)/Specialty: Emergency 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:

This is a 42-year-old male worker who was injured on 10-5-2013. The medical records reviewed indicated the injured worker (IW) was treated for radial nerve deficit and fracture humerus, not otherwise specified-closed. The progress notes (8-3-15) indicated the IW had some weakness and pain on the volar aspect of the right wrist with dorsiflexion. He was occasionally taking pain medication. He had returned to work on modified duty with a 5-pound weight limit for the right upper extremity. On physical examination (8-3-15), all surgical scars were healed. There was localized tenderness over the volar aspect of the right wrist, with dorsiflexion only to about 20 degrees. Dorsiflexion and finger flexion was grade 3 out of 5. There was numbness on the dorsum of the right hand, consistent with radial nerve palsy. X-rays of the right wrist showed no bony changes. Per the occupational therapy notes (7-20-15), the IW had 37 sessions of therapy for the right hand and wrist with continued weakness of the wrist. The treatment plan was for an increase in work restriction weight limit to 10 pounds and work hardening for the right wrist and hand. A Request for Authorization was received for additional occupational therapy, once a week for four weeks, for the right wrist and hand. The Utilization Review on 8-5-15 non- certified the request for additional occupational therapy, once a week for four weeks, for the right wrist and hand, as per CA MTUS guidelines, the IW should use a home exercise program to address symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional occupational therapy for the right wrist/hand 1x4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The requested additional occupational therapy for the right wrist/hand 1x4 is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker was treated for radial nerve deficit and fracture humerus, not otherwise specified-closed. The progress notes (8-3-15) indicated the IW had some weakness and pain on the volar aspect of the right wrist with dorsiflexion. He was occasionally taking pain medication. He had returned to work on modified duty with a 5-pound weight limit for the right upper extremity. On physical examination (8-3-15), all surgical scars were healed. There was localized tenderness over the volar aspect of the right wrist, with dorsiflexion only to about 20 degrees. Dorsiflexion and finger flexion was grade 3 out of 5. There was numbness on the dorsum of the right hand, consistent with radial nerve palsy. X-rays of the right wrist showed no bony changes. Per the occupational therapy notes (7-20-15), the IW had 37 sessions of therapy for the right hand and wrist with continued weakness of the wrist. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, additional occupational therapy for the right wrist/hand 1x4 is not medically necessary.