

<b>Case Number:</b>	CM15-0069105		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 25 year old male, who sustained an industrial injury on July 7, 2014. He reported pain in the wrists, hands, shoulders and elbows. The injured worker was diagnosed as having sprains and strains of unspecified sites of the elbow and forearm, exostosis of unspecified site, left wrist sprain, left wrist and forearm tendinitis, left long carpal boss, trapezeial and paracervical strain and wrist sprain. Treatment to date has included diagnostic studies, physical therapy, medications and activity restrictions. Currently, the injured worker complains of continued upper extremity and hand pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. He reported improvement in the left shoulder with physical therapy. Evaluation on January 20, 2015, revealed continued pain as noted. Occupational therapy was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 x 6 (12): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant is nearly one year status post work-related injury and continues to be treated for shoulder and wrist pain with a diagnosis of sprain/strain. Treatments have included physical therapy and as of 03/05/13 he had attended 22 treatment sessions. When seen, he was having increasing pain after injection. Physical examination findings included wrist tenderness and positive Tinel's and Phalen's testing. Additional testing was ordered. Authorization for continued therapy was requested. A typical course of therapy for this condition would include up to 9 sessions over 8 weeks. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is therefore not medically necessary.