

<b>Case Number:</b>	CM15-0073110		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Internal Medicine, Rheumatology

### 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 56 year old woman sustained an industrial injury on 9/10/2014. The mechanism of injury is not detailed. Diagnoses include distal radial fracture and complex regional pain syndrome. Treatment has included oral medications. Physician notes dated 12/3/2014 show complaints of worsening right wrist pain. Recommendations include changing from physical therapy to occupational therapy and stop using wrist brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy, 8 visits, Right Hand (per 03/26/2015): Upheld**

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

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

**Decision rationale:** This 56 year old female has complained of wrist pain since date of injury 9/10/14. She has been treated with physical therapy and medications. The current request is for Occupational Therapy, 8 visits, Right Hand (per 03/26/2015). Per the MTUS guidelines cited

above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated. The patient's injury occurred in 09/2014. The medical necessity for continued passive physical therapy at this point in time is not documented as there is no evidence of a recent flare, re-injury or progression of symptoms or physical exam findings to continue passive PT as requested. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. On the basis of the available medical records and per the MTUS guidelines cited above, Occupational Therapy, 8 visits, Right Hand (per 03/26/2015) is not indicated as medically necessary.