

<b>Case Number:</b>	CM15-0079444		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Family Practice

### 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 40 year old female, who sustained an industrial injury on July 27, 2012. She has reported numbness and tingling of the fingertips, shoulder pain, and hand pain. Diagnoses have included enthesopathy of the wrist and carpus, carpal tunnel syndrome, cubital tunnel syndrome, and full thickness tear of the supraspinatus tendon. Treatment to date has included medications, home exercise, injections, right carpal tunnel release, imaging studies, and diagnostic testing. A progress note dated January 22, 2015 indicates a chief complaint of mild incisional pain at the surgical site, improved sensation, and weakness. The treating physician documented a plan of care that included additional occupational therapy for the right wrist and hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Occupational Therapy, 12 sessions for the Right Wrist/Hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** Based on guidelines physical medicine can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. There should be documented functional improvement. There should be a home exercise program. Based on the medical records there is no documentation that the patient has had improvement with previous physical therapy and thus not medically necessary.