

<b>Case Number:</b>	CM14-0010938		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 33 year old male who reported an injury to his right wrist and hand. The operative report dated 08/27/13 indicates the injured worker undergoing a release of the 1st and 2nd dorsal compartments as well as an extensor tenosynovectomy and a neurolysis. The clinical note dated 04/29/13 indicates the injured worker complaining of a gradual onset of pain in January of 2012. The pain was located at the right wrist with radiation of pain into the forearm. Tightness was also identified at the right hand with all gripping activities. The injured worker described an inability to grasp round objects. The injured worker also reported decreasing mobility throughout the right hand. Upon exam, strength deficits rated as 4/5 were identified throughout the right hand and wrist. The injured worker was identified as having positive Phalen's, Tinel's, and compression tests on the right at that time. The injured worker was recommended to initiate conservative treatments at that time. The therapy note dated 09/25/13 indicates the injured worker having completed 5 occupational therapy sessions to date. The utilization review completed on 11/15/13 resulted in a partial approval of 4 additional occupational therapy visits. The injured worker had completed 14 sessions to therapy following the operative procedure. The injured worker was subsequently approved for 4 additional sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 OCCUPATIONAL THERAPY VISITS TO THE RIGHT WRIST 1 TIME A WEEK FOR 4 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTOPERATIVE THERAPY GUIDELINES, , 21

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

**Decision rationale:** The documentation indicates the injured worker complaining of right wrist pain. The injured worker has undergone a De Quervain's release on the right. The clinical notes indicate the injured worker having completed 18 occupational therapy sessions in addressing the right wrist and hand complaints. The request for an additional 4 occupational therapy sessions is not indicated. The request for 4 additional sessions exceeds guideline recommendations as no exceptional factors were identified in the submitted documentation. Additionally, given the completion of a full course of conservative therapy, it would be reasonable for the injured worker to progress to a home exercise program. Therefore, the request four (4) occupational therapy visits to the right wrist is not medically necessary and appropriate.