

<b>Case Number:</b>	CM14-0112022		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

This case involves a 55 year old male who sustained an injury on 11/01/2011. The mechanism of injury was not listed in the records for review. The most recent progress note dated 07/23/2014, indicated that there were ongoing complaints of discomfort at the dorsal radial aspect of the left wrist however, there was overall improvement. The physical examination demonstrated mild to moderate tenderness of the dorsal-radial aspect of the left wrist radio carpal joint. In addition, it was noted that there was slight tenderness at the left wrist 1st and 2nd dorsal compartments. He had full range of motion in all digits of the left hand and wrist. The injured worker's grip strength on the right was 130 and the left was 60. Physical therapy notes were not provided rather, segments were included in the physician progress notes. Previous treatment includes a revision left wrist surgery and (tenovagotomy of the left wrist first and second dorsal compartments with extensor tenosynovectomy), and twenty four sessions of post-surgery physical therapy sessions. These were completed as of 07/23/2014, though a progress note from 06/18/2014 noted a request for additional 12 therapy sessions which would bring the total post-surgery PT visits to 36. A request had been made for 12 additional occupational therapy visits for the left wrist which was non-certified in the pre-authorization process on 06/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional visits for OT left wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** ACOEM and MTUS guidelines support the use of physical therapy for postoperative rehabilitation and recommend 14 visits over 12 weeks, with a postsurgical physical medicine treatment period of 6 months. When the request for therapy exceeds the guideline recommendations, objective evidence of functional gains with the therapy should be provided, and documentation identifying the claimant as an exception to the guideline norms should be noted. The medical record provides insufficient clinical data to support objective evidence of significant functional gains from the most recent session approved, compared to the previous session. Due to the absence of the appropriate clinical documentation to substantiate the necessity of therapy that exceeds the guideline recommendations, this request is not medically necessary.