

<b>Case Number:</b>	CM14-0118532		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 43 years old female who was injured on 08/28/12. The mechanism of injury is not indicated. The injured worker is status post arthroscopic repair of a triangular fibrocartilage complex tear performed on an unspecified date and post arthroscopic-assisted ganglion cyst excision performed on 02/21/14. Clinical note dated 02/24/14 notes the injured worker has no complaints. Clinical note dated 03/03/14 notes the injured worker has begun postoperative occupational therapy. Clinical note dated 04/30/14 reports the injured worker has completed 14 of 24 authorized postoperative occupational therapy visits for the right wrist. It is noted the injured worker continues modified work and has decreased pain since surgery. Occupational therapy progress report dated 05/23/14 notes the injured worker has completed 19 of 24 visits and reports pain at 0/10 at rest and 4/10 at max. Grip strength is noted to be at 84% of normal. Clinical note dated 05/28/14 reports the injured worker has increased discomfort as she has been working well beyond her restrictions and is overusing her hand. Mild to moderate right wrist tenderness is noted. This is a request for 12 visits of occupational therapy for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy for the right wrist #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

**Decision rationale:** Per Post Surgical Treatment Guidelines, postsurgical physical medicine is rarely needed for ganglionectomy. However, this guideline allows for up to 18 visits over 6 weeks when treatment is warranted. Records indicate the injured worker has previously been authorized 24 visits of postoperative therapy and has completed 19 of those visits as of 05/23/14. Records do not include notes from the last 5 authorized visits. As such, the injured worker's response to the total amount of treatment previously authorized is not indicated. As the injured worker's status following the previously authorized course of occupational therapy is not indicated, exceptional factors that would warrant treatment in excess of guideline recommendations are not presented. Based on the clinical information submitted for review, medical necessity of 12 visits of occupational therapy for the right wrist is not established.