

<b>Case Number:</b>	CM14-0131498		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Los Angeles. 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 patient is a 54-year-old male who was injured on 03/25/2013 when he fell off 6 feet high scaffold injuring his left arm and left elbow, and dislocated right index finger. Prior treatment history has included occupational therapy. The patient underwent an arthroscopic debridement of a TFCC tear. Progress report dated 01/21/2014 indicates the patient presented with intermittent pain and aching at the medial elbow. He rated his pain as 7/10 for which he takes hydrocodone-acetaminophen 5/325 mg. On exam, the left elbow exhibits normal range of motion, no swelling, no effusion, no deformity and no laceration but tenderness found as well as medial epicondyle tenderness noted. No radial head, no lateral epicondyle, and no olecranon process tenderness noted. Cervical back: He exhibits normal range of motion, no tenderness, no bony tenderness, no swelling, no edema, no deformity, no laceration, no pain, no spasm, and normal pulse. Right hand: He exhibits decreased range of motion with flexion to 65; extension to 55; RD to 30 degrees and UD to 30 degrees. There is tenderness at the ulnar styloid and tendons. He has decreased sensation. The patient is diagnosed with right distal radioulnar joint sprain; derangement of right wrist; left lateral epicondylitis; crush injury of right hand; sacrum contusion; and cervical disc degeneration. The patient is recommended for postop physical therapy. Prior utilization review dated 07/28/2014 states the request for Occupational Therapy Post-Operative is modified to approve therapy twice a week for 5 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy Post-Operative:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** CA MTUS post-surgical guidelines recommend 16 sessions over 10 visits of postop therapy for TFCC debridement. In this case, the request is not specific regarding the frequency and duration of the treatment. Therefore, this is not medically necessary.