

<b>Case Number:</b>	CM14-0154293		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Louisiana. 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 52 year old male who was injured on 03/21/2013 when he stepped over a whole and fell down. He fell on his left arm and elbow and broke his fall with the right wrist and sustained a dislocation. Prior treatment history has included 18 sessions of physical therapy, home exercise program. Past medication history as of 01/21/2014 included hydrocodone-acetaminophen. Progress report dated 01/21/2014 documented the patient to have complaints of aching and intermittent medial elbow and right wrist pain. He rated the severity of his pain as a 7/10 and it is non-radiating pain. On exam, neck range of motion is full and without pain. Left elbow: He exhibits normal range of motion, no swelling, no effusion, no deformity, and no laceration. There is tenderness of the medial epicondyle. There was 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 (F 65; E 55; RD 30; UD 30 degrees.) and tenderness at the ulnar styloid and tendons. He exhibits no bony tenderness, normal two-point discrimination, normal capillary refill, no deformity, no laceration and no sensation noted. Normal strength noted. The patient is diagnosed with right distal radioulnar joint sprain, derangement of right wrist, left lateral epicondylitis, crush injury of the right hand sacrum contusion, and cervical disc degeneration. The patient has recommended for 12 visits of occupation therapy. Prior utilization review dated 09/05/2014 states the request for Post-operative Occupational Therapy 12 Visits is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Occupational Therapy 12 Visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-27.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines does not specifically address the Occupational Therapy Post-Operative protocol but rehabilitation would be of a similar time frame to De Quervain's rehabilitation which consists of up to 6 visits within 6 weeks. In this case, the sessions will exceed the guideline recommendation for the number of visits. Therefore, this is not medically necessary.