

<b>Case Number:</b>	CM14-0051304		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 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:

This 39-year-old male sustained an industrial injury on 4/11/13. The mechanism of injury was not documented. The patient underwent right wrist arthroscopic repair of the triangular fibrocartilage complex tear on 10/28/13. The 2/7/14 occupational therapy re-evaluation report indicated the patient had extreme pain and tenderness in the ulnar nerve distribution. There was moderate to marked loss of right wrist range of motion in all planes. Grip/pinch strength was 15/3.5 pounds right and 70/10 pounds left. Twelve visits were planned. The 2/25/14 utilization review denied the request for 12 additional hand therapy visits. Eighteen post-op occupational therapy sessions were documented and there was no indication of a complication to recovery, comorbidity, or extenuating clinical circumstance that would support treatment beyond the possibly exceeded guidelines. The 3/5/14 treating physician appeal letter documented that the patient was five months status post right wrist arthroscopic repair of a triangular fibrocartilage complex tear. There was some damage to the dorsal sensory branch of the ulnar nerve and the patient had developed complex regional pain syndrome. His symptoms were not improving despite physical therapy, activity modification, modalities and oral medications. A pain management consult was pending for possible stellate ganglion block. Physical exam documented dysesthesias, paresthesias and hypesthesias in the ulnar sensory nerve distribution with positive Tinel's at the scar. Pain extended to the whole hand and whole forearm to the lateral elbow area. Range of motion test, had demonstrated moderate loss in palmar flexion, dorsiflexion and radial deviation. He had difficulty making a fist, he was tremulous and the skin was slightly mottled and hyperhidrotic. The treating physician opined the need for extensive hand therapy in an effort to get him moving and diminish his painful symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy 2 x 6 to the right wrist/forearm:** Overturned

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

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

**Decision rationale:** California MTUS Post-Surgical Treatment Guidelines does not apply to this case, as the 4-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. Guidelines recommend 24 visits over 16 weeks for complex regional pain syndrome. The patient had reportedly completed 18 visits during the post-operative period. Significant objective gains were noted in range of motion, with residual moderate loss. It is reasonable that additional supervised therapy would achieve further functional gains in range of motion and pain reduction, followed by transition to a fully matured home program. The request for hand therapy 2x6 to the right wrist and forearm is medically necessary.