

<b>Case Number:</b>	CM14-0072666		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/19/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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:

The records presented for review indicate that this 51-year-old female was reportedly injured on December 19, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 10, 2014, indicates that there are ongoing complaints of right wrist pain which is improving. The physical examination demonstrated minimal right wrist swelling and excellent range of motion. There was decreased tenderness of the distal ulna and osteotomy site. Minimal tenderness was noted over the plate and the ulnar recess. There was a normal neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right wrist arthroscopy x 2, home exercise, occupational therapy, and the use of a transcutaneous electrical stimulation unit (TENS) and H wave unit. A request had been made for 12 visits of occupational therapy for the right hand and wrist and was not certified in the pre-authorization process on April 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy/Hand therapy x12 additional visits (2x6) - right wrist:** Upheld

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

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

**Decision rationale:** A review of the attached medical record indicates that the injured employee has had 30 postoperative visits for occupational therapy for her right wrist surgery. According to the Chronic Pain Medical Treatment Guidelines 10 postsurgical visits are recommended for triangular fibrocartilage complex (TFCC) injuries and debridement. Considering this, and that the injured employee was stated to have decreased right wrist pain and excellent wrist motion during the visit dated April 10, 2014, this request for 12 additional physical therapy visits for the right hand and wrist is not medically necessary.