

<b>Case Number:</b>	CM14-0079972		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Occupational Medicine, and is licensed to practice in Hawaii and 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 patient is a 23 year old male employee with date of injury of 10/6/2012. A review of the medical records indicate that the patient is undergoing treatment for wrist pain status post arthroscopy. A left wrist arthroscopy was performed on 1/9/14 with recovery reported as going well (minimal edema and softening, well healed surgical scars in that area) (1/21/14). Subjective complaints (4/8/2014) include "gradually improving symptoms in the left wrist" and "unable to lift more than five to seven pounds comfortably" and "is just starting to work on strengthening exercises in therapy". Objective findings include tenderness to palpation throughout the ulnar plate. Forearm rotation and supination are 85; pronation is 75; wrist flexion 50 and extension 65 (4/8/14). Patient noted 6/10 on pain scale immediately after surgery (1/21/14). Medical records report mild tenderness to palpation and the ulnar wrist and triangular fibrocartilage complex with mildly increased pain during activity. Treatment has included 16 occupational therapy visits. Medications included Albuterol Sulfate 2.5mg/3ml .083% NEBU, Ibuprofen 600mg before and immediately after Jan 2014 surgery with no improvement (1/21/14). On 1/21/14, Norco 10mg/325mg #45 4-6/day. was prescribed. On 4/8/14, Relafen 500mg #60 2/day was prescribed and all other anti-inflammatories were discontinued. Effects of Relafen are not specified in medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy to the left wrist 2 times per week for 3 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 260-278, Chronic Pain Treatment Guidelines Occupational Therapy and Physical Medicine Page(s): 74, 98-99, Postsurgical Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation (ODG), Forearm, Wrist, & Hand.

**Decision rationale:** MTUS and ODG state regarding wrist occupational therapy, "Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved." MTUS Postsurgical Treatment Guidelines additionally states, "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The patient underwent TFCC report on 1/9/2014 and has undergone 16 occupational therapy visits. Medical records indicate treatment in excess of both recommended number of therapy sessions (10) and the treatment period (4 months). The treating physician does not write any complication or special circumstance that would necessitate additional occupational therapy in excess of what has been already been performed. As such, the request is not medically necessary.