

Case Number:	CM14-0136803		
Date Assigned:	09/03/2014	Date of Injury:	08/29/2012
Decision Date:	08/14/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 51 year old male who sustained an industrial injury on 08/29/2012. Mechanism of injury was not found in documentation presented. Diagnoses include right ulnar carpal abutment syndrome, status post right ulnar shortening with internal fixation-right forearm, and right wrist arthroscopy with debridement of large central-radial tear of the TFCC and synovectomy at pre-styloid recess on 05/13/2014. Treatment to date has included diagnostic studies, therapy (there were not therapy notes in documentation provided), and a wrist brace. X rays of the right wrist done on 01/03/2014 revealed that there is still ulnar positive variance of approximately 1/5mm. There is a lunotriquetral coalition. The most recent physician progress note dated 03/03/2015 documents the injured worker has had no change since his last visit. He has continued tenderness about the ulnar carpal joint at the right wrist with well-healed portal scars. He has persistent pain due to ulnar carpal abutment of the right wrist. He has limited movement and weakness in the right hand and wrist. He is awaiting surgery. In a progress note dated 01/03/2014 he has continued right wrist pain that he rates as 7 out of 10. The pain is sharp with some throbbing. He complains of locking, clicking, and some radiating pain as well. He has tried a wrist brace and therapy with little relief of pain. Treatment requested is for Occupational Therapy 2 times per week for 6 weeks for a total 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 times per week / 6 weeks for a total 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Hand and Wrist](https://www.acoempracguides.org/Hand%20and%20Wrist); Table 2 Summary of Recommendations, Hand and Wrist Disorders.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 20.

Decision rationale: The claimant sustained a work injury in August 2012 and underwent arthroscopic right wrist surgery in May 2014. When seen, there had been completion of at least 12 occupational therapy treatments. Physical examination findings included decreased grip strength. Authorization for an additional 12 therapy treatments was requested. Guidelines recommend up to 16 therapy sessions over 10 weeks after the surgery that was performed. In this case, the number of additional treatments being requested is in excess of the guideline recommendation or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.