

<b>Case Number:</b>	CM14-0172221		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 45-year-old male who reported an injury on 01/18/2013. The mechanism of injury was not documented within the clinical records. The diagnoses included myalgia and myositis NOS, right forearm. The past treatments included at least 6 sessions of physical therapy. There was no official diagnostic imaging studies submitted for review. The injured worker's surgical history included right wrist surgery performed in 02/2014. The subjective complaints on 09/03/2014 included right wrist and right elbow pain. The injured worker rated the pain at 6/10. The physical examination findings noted no swelling, ecchymosis, or erythema in the right upper extremity. The ranges of motion to the right wrist and right elbow were intact. There was significant focal discomfort with deep palpation along the radial forearm musculature. The sensation was intact in all digits. The injured worker's medications were not documented within the clinical notes. The treatment plan was for additional physical therapy. A request was received for 6 additional occupational therapy sessions for the left wrist. The rationale for the request was not documented. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Six (6) additional occupational therapy for left wrist-status post CTR and dorsal wrist compartment release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The request for associated surgical services: 6 additional occupational therapy for left wrist status post CTR and dorsal wrist compartment release is not medically necessary. The California MTUS Chronic Pain Guideline state that for unspecified myalgia and myositis, up to 10 visits of physical therapy may be supported and continued visits are contingent upon objective functional improvement. There was a lack of documentation in the clinical notes submitted of objective functional improvement from the previous 6 physical therapy sessions. In the absence of objective functional improvement, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.