

<b>Case Number:</b>	CM14-0188656		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	02/23/2011
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Plastic and Reconstructive Surgery and is licensed to practice in Virginia. 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 59 year old female with a history of multiple sclerosis with a reported date of injury on 2/23/11 who requested additional occupational therapy for her left wrist. On 8/7/14, the injured worker had undergone left wrist debridement of the TFCC and excision of a non-united fracture of the ulnar styloid. The injured worker is documented to have completed 12 physical therapy visits, but continues to have pain. Hand therapy documentation dated 10/15/14 notes review of a home exercise program. On 9/2/14 the injured worker had been continued on total temporary disability. UR dated 10/30/14 did not certify additional occupational therapy stating that there is no documentation of explicit functional improvement, such as increased ADLs or reduced work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional Post-Operative Occupational Therapy to the Left Wrist 2 Times per Week over 4 Weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22, 11.

**Decision rationale:** Based on post-surgical guidelines as shown below, the injured worker has already exceeded the number of allowed therapy visits, but is still within the post-surgical treatment period of 4 months. However, there has not been sufficient documentation of recent functional gains or specific improvement from completed therapy to warrant further occupational therapy. From page 11, with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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. As stated there has not been adequate documentation of this. Thus, Occupational Therapy Visits (2 Times per Week for 4 Weeks) is not medically necessary.