

<b>Case Number:</b>	CM14-0200033		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	11/28/2010
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 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 individual is a 52 year old female who has developed bilateral hand/wrist pain subsequent to an injury dated of 11/28/10. She has had multiple left sided wrist surgeries including a TFCC (Triangular Fibrocartilage Complex) debridement, extensor tendon debridement and lastly a first dorsal compartment release in Jan. '14. None of the surgeries have been beneficial regarding pain or function. Right-sided surgery has been discussed due to TFCC thinning, but the patient has declined due to lack of improvement on the left side. On the right side, the diagnosis has also included a possible lunate impaction syndrome. She completed 12 sessions of hand therapy in May '14 without apparent benefit. There is a history of extensive therapy in the past without apparent benefits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy, 2 times a week for 6 weeks to the bilateral wrists:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

**Decision rationale:** MTUS Post Surgical Guidelines support up to 14 sessions of postoperative physical therapy over a 12-week period. It is documented that she fairly recently completed 12 sessions of postoperative therapy without benefit. There are no unusual circumstances to support another full course of 12 sessions, as extensive prior therapy has not been of meaningful benefit. The request is not medically necessary.