

<b>Case Number:</b>	CM15-0003893		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 reported an injury on 09/30/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of right radial sided wrist pain. Past medical treatment consists of 10 completed occupational therapy sessions and medication therapy. The injured worker underwent Mumford procedure, distal clavicle resection, subacromial decompression, and partial thickness bursal surface rotator cuff extensor debridement on 06/05/2014. On 12/18/2014, a physical therapy progress note indicated that the injured worker complained of wrist pain, which he rated at an 8/10 at worst; and at rest, was 3/10. Physical examination of the right wrist revealed an extension of 65 degrees, flexion of 50 degrees, pronation of 90 degrees, supination of 80 degrees, radial deviation of 15 degrees, and ulnar deviation of 30 degrees. The medical treatment plan is for the injured worker to have additional occupational therapy sessions (12). Rationale and 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:

**Post-op occupational therapy x twelve (12) sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for postop occupational therapy x12 is not medically necessary. The MTUS Guidelines state that occupational therapy may be used after surgery and amputation. There was weak evidence of improved hand function in short term, but not in long term, for early occupational therapy and of a lack of differences in outcome between supervised and unsupervised exercises. The guidelines recommend postsurgical for dislocation of the wrist, 16 visits over 10 weeks. Physical medicine should not exceed 4 months. It was noted in the submitted documentation that the injured worker had completed 10 occupational therapy sessions. However, it was not indicated in the submitted documentation how the provider felt additional physical therapy would be beneficial to the injured worker. Additionally, the request as submitted did not specify what extremity would be receiving the occupational therapy. Moreover, the request is for 12 sessions, which exceeds guideline recommendations. Given that there were no other significant factors provided to justify the use outside of current guidelines, the request would not be indicated. As such, the request is not medically necessary.