

<b>Case Number:</b>	CM15-0005939		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 52- year old female, who sustained an industrial injury on February 19, 2013. The resulting injury included a Smith's fracture. The diagnoses have included closed Colles fracture, tenosynovitis of the hand, wrist and left first dorsal compartment, status-post hardware removal of the hand and wrist. Treatment to date has included pain medication, physical therapy, open reduction and internal fixation of the left wrist, a brace for the left wrist and routine follow up. Currently, the IW complains of new onset pain at the radial aspect of the left wrist during therapy. There was mild tenderness of the left wrist first dorsal compartment. There was mild tenderness in the left wrist with swelling along with a well-healed surgical scar dorsal left wrist. On December 23, 2014, the Utilization Review decision modified a request for additional occupational therapy to the left wrist three times per week for four weeks to approve four additional visits. The worker had completed 12 physical therapy visits and the guidelines recommend 16 visits over eight weeks, therefore an additional four visit were approved. The MTUS, Post surgical Treatment Guidelines, was cited. On January 2, 2015, the injured worker submitted an application for IMR for review of continued occupational therapy to the left wrist three times per week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued occupational therapy 3x4 left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The post surgical physical medicine treatment for tendon repair is 18 visits over 4 months with post surgical physical medicine treatment period of six months. In this case the patient had completed 12 treatments. The requested additional 12 treatments would bring the total number of treatments to 24. This surpasses the 18 visits that are recommended, for post surgical treatment. The request should not be authorized.