

<b>Case Number:</b>	CM15-0019353		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 30 year old female, who sustained a work related injury on 4/3/14. She was pushing a box above the level of her head and the box fell backwards hyper extending her left wrist. The diagnoses have included left wrist sprain and synovitis and tenosynovitis left wrist. Treatments to date have included x-rays left wrist, left wrist injection, left wrist surgery, physical therapy and oral medications. In the PR-2 dated 10/8/14, the injured worker complains of left wrist soreness. She has mild swelling and tenderness at the surgical site left wrist. On 1/12/15, a Utilization Review non-certified a request for Occupational Therapy 3 x 4. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OT 3x4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** OT 3 x 4 is not medically necessary per the MTUS Guidelines. The guidelines recommend up to 20 visits for flexor tendon repair surgery. The patient has had 12 visits so far. There are no extenuating circumstances documented which would necessitate 12 more supervised therapy sessions. Furthermore, the request does not specify a body part. The MTUS recommends transitioning to an independent home exercise program. The request for OT 3 x 4 is not medically necessary.