

<b>Case Number:</b>	CM15-0164400		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	10/15/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 34 year old female, who sustained an industrial injury on 10-15-14. Initial complaints were the results of a multiple vehicle rear-end collision resulting in all-over body pain especially in her right arm and wrist. The injured worker was diagnosed as having cervical sprain; derangement of joint not otherwise specified shoulder; lumbar sprain-strain; fracture of hand-right. Treatment to date has included status post right wrist excision of a ganglion cyst and TFC debridement; physical therapy; occupational therapy; TENS unit; medications. Diagnostics studies included MR Arthrogram right wrist (4-29-15). Currently, the PR-2 notes dated 7-14-15 indicated the injured worker presented for a follow-up visit. He is a three and a half week status post ganglion cyst excision TFC debridement right wrist. He reports some soreness continuing in the right wrist but overall improved. She continues therapy. She also reports some numbness and tingling in the ulnar two digits of the right hand. On physical examination, there is noted swelling and tenderness at the surgical site. Her right wrist flexion is 55 and extension is 50. Tinel's is positive at the ulnar nerve right elbow with sensory and motor exam intact. She is progressing well with therapy and plan is to continue therapy to reduce pain and improve activities of daily living and increase strength and range of motion. The provider is requesting authorization of Continue occupational therapy (12) sessions (3x4).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue occupational therapy (12) sessions (3x4): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 21, 22.

**Decision rationale:** In the MTUS Post-Surgical Treatment Guidelines, following a ganglionectomy, although rarely needed, recommends up to 18 following physical therapy sessions if needed. The Guidelines also state that following a TFC debridement, up to 10 sessions of physical therapy is recommended. In the case of this worker, there was a TFC debridement and ganglionectomy of the right wrist a few weeks prior to this request. It is difficult to identify if this patient required the full 18 sessions for the ganglionectomy as there was no comments found that the surgery was unusual or atypical, but at least 10 sessions was warranted. There was report of physical therapy helping her to recover, however, there was no record of how many sessions she actually completed to know if she had surpassed the recommended upper limit of supervised sessions. Therefore, until this is provided for review, this request will not be considered medically necessary.