

<b>Case Number:</b>	CM15-0182799		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old female, who sustained an industrial injury on December 11, 2012, incurring right wrist injuries. She was diagnosed with a right wrist sprain, traumatic arthropathy of the right forearm, right carpal tunnel syndrome, sprain of the carpal joint of the right wrist and mononeuritis of the right upper extremity. She had a history of Fibromyalgia and Lupus. Treatment included occupational therapy, pain medications, anti-inflammatory drugs, proton pump inhibitor, home exercise program, and activity modifications and restrictions. She underwent a right wrist surgical arthrodesis on July 18, 2014. Currently, the injured worker complained of increased pain in the right wrist from activity. She noted limited right hand use for all self-care tasks, household chores and driving. She continued to stay employed at her job. She described her wrist pain as sharp, with shooting pains and an electrical sensation. Modalities and exercises helped reduce her symptoms. The injured worker underwent right wrist surgery in May, 2015. The treatment plan that was requested for authorization on September 17, 2015, included twelve additional post-operative occupational therapy visits for the right wrist three sessions per week for four weeks status post right open carpal tunnel release with pisiform excision performed on May 22, 2015. On September 4, 2015, a request for twelve additional sessions of occupational therapy was modified by utilization review, to eight additional post-operative occupational therapy visits for the right wrist post-open carpal tunnel release with pisiform excision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional post-operative occupational therapy visits for the right wrist 3 sessions per week for 4 weeks, status-post right open carpal tunnel release with pisiform excision (05/22/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** The claimant has a history of a work injury occurring in December 2012 when a bolt of fabric fell onto her right hand. She underwent arthrodesis of the wrist in July 2014. An open right carpal tunnel release with excision of the pisiform and flexor synovium was done on 05/22/15. She was seen for occupational therapy beginning seven weeks after surgery. As of 08/04/15 she had completed six treatment sessions. When seen by the requesting provider, she was continuing to have some numbness and tingling and some increased pain over the dorsum of the ulnar aspect of the wrist. Physical examination findings included mild to moderate tenderness. She had decreased right grip strength. There was decreased range of motion. Authorization for an additional 12 therapy treatments is being requested. After the surgery performed, guidelines recommend up to 14 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.