

<b>Case Number:</b>	CM15-0186000		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/15/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, New York  
 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 25 year old female who sustained an industrial injury on 06-15-2014. Current diagnoses include status post left wrist radial shortening with bone grafting on 03-18-2015. Report dated 08-19-2015 noted that the injured worker presented with complaints that included left wrist pain with swelling and slight stiffness. The injured worker reported slight improvements. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination performed on 08-19-2015 revealed tenderness and soft tissue swelling over the lunate bone of the left wrist. Previous treatments included medications, surgical intervention on 03-18-2015, physical therapy, and occupational therapy. The treatment plan included following up in 4-6 weeks, continue taking Tramadol, and continue with occupational therapy for the left wrist. The utilization review dated 09-02-2015, non-certified the request for post-op occupational therapy x 12-18 sessions for the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative OT (occupational therapy) twelve to eighteen sessions for the left wrist:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods, and Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist-Physical/Occupational therapy.

**Decision rationale:** The request for OT is not medically necessary. The patient had left wrist radial shortening with bone grafting. MTUS guidelines do not address the recommended number of sessions after this type of surgery. The patient had been authorized for 12 sessions of physical therapy with improvement. MTUS recommends instruction in home exercise, which should have been introduced during her many therapy sessions. Although there are no clear recommendations, it is necessary to complete the authorized number of occupational therapy sessions before considering the need for additional therapy. Therefore, the request is considered not medically necessary.