

<b>Case Number:</b>	CM15-0203030		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38-year-old male who sustained an industrial injury on 10-23-13. The injured worker reported left wrist pain. A review of the medical records indicates that the injured worker is undergoing treatments for left wrist sprain strain. Medical records dated 7-31-15 indicate pain rated at 8 out of 10. Provider documentation dated 7-31-15 noted the work status as remain off work until 9-23-15. Treatment has included LidoPro ointment since at least March of 2015, TENs Unit, acupuncture treatment, heating pad, electrodiagnostic studies, ice, anti-inflammatory medications, wrist splint, left wrist magnetic resonance imaging, status post left wrist arthroscopy (8-12-15), and Diclofenac. Objective findings dated 7-31-15 were notable for "Surgical scar well-heal. TTP diffusely radially." The original utilization review (10-8-15) denied a request for Occupational therapy - 5 treatments (Left wrist).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy - 5 treatments (Left wrist):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with left wrist sprain/strain. The current request is for Occupational therapy - 5 treatments (left wrist). The treating physician states, in a report dated 10/08/15, "Occupational therapy - 5 treatments (left wrist)." (87C) MTUS guidelines indicate that Physical Therapy/Occupational Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of therapy." In this case, the treating physician, based on the records available for review, notes the patient is status post TFCC tear and complains of cubital tunnel symptoms. The therapy requested is within the MTUS guidelines. The current request is medically necessary.