

<b>Case Number:</b>	CM15-0203705		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 47 year old male, who sustained an industrial injury on 11-30-09. The injured worker was diagnosed as having carpal tunnel syndrome; right distal radioulnar; joint arthrosis. Treatment to date has included status post right distal radioulnar joint arthrosis surgery 6-16-15); post-operative physical therapy; medications. Currently, the PR-2 notes dated 9-3-15 indicated the injured worker was in the office for a follow-up on his bilateral wrist pain. He had right surgery on 6-16-15. He continues with physical therapy and his home exercise program. He saw the surgeon also on this date and he reports he is progressing as should be. He continues to use the H-Wave for added pain relief with medications. The provider notes he "switched him to Norco for moderate to severe pain due to the wrist serotonin syndrome with Tramadol and his psych medications." He reports that Norco is helpful and well tolerated. He describes his pain as "aching in the right elbow and both wrists. He has numbness in the 4th and 5th fingers on the right hand as well. Pain is worse with lifting and sitting. He rates his pain as 7 out of 10 on the VAS without pain medications and a 2 out of 10 with medications." The PR-2 notes dated 8-4-15 document same to similar complaints, examination, and activity. A Request for Authorization is dated 10-16-15. A Utilization Review letter is dated 9-22-15 and non-certification for Continuation of hand therapy status post right wrist surgery 2 times a week for 6 weeks. A request for authorization has been received for Continuation of hand therapy status post right wrist surgery 2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuation of hand therapy status post right wrist surgery 2 times a week for 6 weeks:**  
Overturned

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

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

**Decision rationale:** Continuation of hand therapy status post right wrist surgery 2 times a week for 6 weeks is medically necessary per the MTUS Guidelines. The MTUS Postsurgical Treatment Guidelines recommend up to 24 visits for this surgery. The documentation indicates on 10/15/15 that the patient has not yet had approval for therapy. The documentation from Align Networks indicates as of 9/18/15 the patient has had 12 visits and there is evidence of objective functional improvement in range of motion. The request for 12 more therapy sessions is medically necessary.