

<b>Case Number:</b>	CM15-0023354		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	06/20/2001
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2015

### 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  
 Certification(s)/Specialty: Emergency 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 77 year old female, who sustained an industrial injury on June 20, 2001. The injured worker has reported a left wrist and hand injury. The diagnoses have included wrist sprain, cubital tunnel syndrome and status post reduction and association of the scaphoid and lunate on August 20, 2014. Treatment to date has included medication management, 16 occupational therapy sessions, two left wrist surgeries, physical therapy and a home exercise program. Current documentation dated December 29, 2014 notes that the injured worker reported left pain and bruising along the thumb following stretches. She reported difficulty opening jars due to pain and weakness. Physical examination of the left hand revealed pain and a decreased range of motion. The injured worker was noted to be making progress with the occupational therapy services. Patient had completed 15 OT sessions since surgery. On January 9, 2015 Utilization Review modified a request for outpatient post-operative occupational therapy, unspecified frequency and duration. The MTUS, Post-Surgical Guidelines, were cited. On February 20, 2001, the injured worker submitted an application for IMR for review of outpatient post-operative occupational therapy, unspecified frequency and duration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative occupational therapy (OT) of unspecified frequency and duration:** Upheld

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

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

**Decision rationale:** As per MTUS Post-surgical Treatment guidelines, patient had L wrist RASL (Reduction and association of scaphoid and lunate) surgery done on 8/20/14. Patient has completed 15-16 sessions of OT and has yet to plateau in terms of benefit/improvement from OT. While additional OT may be warranted, the request for additional OT had no frequency, duration or total sessions as part of request. UR approved/modified an additional 4-sessions. Due to the incomplete nature of request for service, the request for additional post-operative occupational therapy sessions of unspecified frequency and duration is not medically necessary.