

<b>Case Number:</b>	CM15-0042579		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 71 year old male, who sustained an industrial injury on 3/10/2014. The mechanism of injury was not provided for review. The injured worker was diagnosed as status post left wrist arthroscopy. Treatment to date has included left wrist arthroscopy, chondroplasty of the scaphoid and radius with loose body removal, synovectomy of the wrist (11/20/2014), wrist brace, therapy and medication management. Currently, a progress note from the treating provider dated 2/13/2015 indicates the injured worker reported doing well postoperatively with no pain and snapping at the medial wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Occupational Therapy with evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** CA MTUS Post-Surgical Guidelines, Wrist, Extensor Tenosynovectomy, Page 20, recommend 14 post-op physical therapy sessions over 3 months. The injured worker is

status post left wrist arthroscopy. The treating physician has documented that the injured worker reported doing well postoperatively with no pain and snapping at the medial wrist. The treating physician has not documented significant continuing deficits that would require more than 2 therapy sessions for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, 12 sessions of Occupational Therapy with evaluation is not medically necessary.