

<b>Case Number:</b>	CM15-0080391		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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

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 53-year-old female who sustained an industrial injury on 09/01/11. Initial complaints and diagnoses are not available. Treatments to date include multiple right wrist surgeries, physical therapy, and medications. Diagnostic studies are not addressed. Current complaints include pain and popping in the right wrist. Current diagnoses include status post lunotriquetral arthrodesis with residual stiffness and discomfort. In a progress note dated 04/07/15 the treating provider reports the plan of action was additional occupational therapy, and continued NSAIDS, including Voltaren gel. The requested treatment is additional occupational therapy to the right wrist x12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional occupational therapy 3x4 right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Physical therapy in the form of passive therapy for the wrist is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for wrist myalgia/myositis pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case had completed multiple occupational therapy sessions for the wrist, enough to be able to perform home exercises at this point. There was no evidence found in the notes to suggest home exercises were not able to be performed to warrant continuation of supervised therapy regardless of the worker seeing benefit with continued sessions. Therefore, the request for an additional 12 sessions of occupational therapy is not medically necessary.