

<b>Case Number:</b>	CM14-0217144		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	02/23/2011
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 59-year-old female who sustained a work related injury on 2/23/11. Injury occurred when she hit her wrist putting down a hot tray. Past surgical history was positive for left wrist arthroscopy with attempted repair of the triangular fibrocartilage and ulnar styloid fracture. The 5/12/14 left wrist x-rays documented an old non-united fracture of the ulnar styloid. She underwent debridement of the remnants of the triangular fibrocartilage and excision of the non-united fracture on 8/7/14. The 11/24/14 treating physician report indicated that the injured worker was still doing "quite poorly." She had multiple sclerosis and was having difficulty getting back her grip strength in left hand. Grip strength was 3/2/2 kg right and 1/1/1 kg left. Without additional therapy, the patient will not be able to return to work. Records documented 12 occupational therapy visits from 9/3/14 through 10/15/14. There was no clear documentation of objective measurable functional benefit provided in the treatment notes, and there was no progress report. The 12/15/14 utilization review non-certified a request for occupational therapy 3x/week for 4 weeks. The rationale indicated that the patient had prior occupational therapy with no indication why an independent home exercise program would occupational therapy be sufficient. Prior denial of additional post-op occupational therapy x 8 visits on 10/30/14 was noted. The California MTUS, ACOEM Guidelines, and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Occupational Therapy 3 Times A Week for 4 Weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20, 22.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for triangular fibrocartilage repair and ulnar fracture surgery suggest a general course of 10 to 16 visits over 10 weeks during the 4-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Guideline criteria have not been met. This patient completed 12 post-op visits as of 10/15/14 with no evidence of functional benefit with treatment. The patient has underlying multiple sclerosis which made it difficult to recover full grip strength. The request for 12 additional post-op visits markedly exceeds the general recommended course of post-op treatment. There is no compelling reason to support the medical necessity of additional supervised therapy beyond guidelines and over an independent home exercise program to achieve her rehabilitation goals. Therefore, this request is not medically necessary.