

<b>Case Number:</b>	CM15-0113990		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	05/11/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Preventive Medicine, Occupational 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 50-year-old female, who sustained an industrial injury on 5/11//2014. She reported her left hand being stuck in a machine. Diagnoses have included status post crush injury of the left hand and wrist with residual stiffness. Treatment to date has included left hand surgery, 36 sessions of physical therapy and medication. According to the progress report dated 5/4/2015, the injured worker complained of stiffness in the left hand. Physical exam showed no tenderness. There was full range of motion of the left wrist. There was full range of motion in all digits of the left hand with the exception of the left thumb and left index finger. Authorization was requested for additional occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Occupational Therapy 3x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Treatment Index, Forearm, Wrist, & Hand Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** According to the Post-surgical treatment guidelines, fracture of a carpal bone (wrist) has a post-surgical treatment period of 4 months and physical therapy is permitted for 16 visits over 10 weeks. After the post-surgical period has ended, the MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. This request for 12 additional visits is outside the recommended guidelines and therefore not supported. In this case, the latest physical exam revealed that the injured worker has almost full range of motion of the left index finger and thumb and full range of motion of the left wrist. It is noted that she has decreased grip strength in the left hand. She has completed 36 previous occupational therapy visits for the left hand/wrist and should be able to continue rehabilitation in a home-based and self-directed program. The request for additional occupational therapy 3x4 is not medically necessary.