MAXIMUS Federal Services

| Case Number: | CM15-0122752 | | |
|---|---|---|---|
| Date Assigned: | 07/07/2015 | Date of Injury: | 11/04/2010 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

## 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, Indiana, Oregon
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 50-year-old male, who sustained an industrial injury on 11/04/2010. He reported being hit with a food tray with injury to his wrist. The injured worker was diagnosed as having closed fracture of metacarpal bones. Treatment to date has included diagnostics, multiple right wrist surgeries, including total fusion on 1/12/2015, medications, and hand therapy. On 6/01/2015, the injured worker reported no improvement since last visit. He reported finishing occupational therapy and it did help. His incision was well healed and he had restricted range of motion due to fusion. Weakness and swelling were documented. He was prescribed Norco and Voltaren gel. The occupational therapy visit, dated 5/21/2015, noted completion of 34/39 visits. The impression noted was that he achieved maximum therapy benefit, with recommendation for transition to home program. The treatment plan included additional occupational therapy x18 for the right wrist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-op occupational therapy for the right wrist QTY: 18. 00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** CA MTUS post surgical treatment guidelines page 19: Arthropathy, unspecified (ICD9 716. 9): Postsurgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months. In this case the worker had a wrist fusion and has already completed well beyond the maximum allowable visits for occupational therapy. The worker is also beyond the physical medicine treatment duration. The PR from 5/21/15 does not objectify what specific functional improvements are expected from treatment beyond guideline recommendations. Based on this the request is not medically necessary.