

<b>Case Number:</b>	CM15-0076899		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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, New York  
Certification(s)/Specialty: Internal 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 31-year-old female, who sustained an industrial injury on 03/25/2011. She reported injury to her left wrist. Treatment to date has included two surgeries to the left wrist, medications, imaging, trigger point injections and splinting. On 02/13/2015, the provider requested authorization for revision of left dorsal ganglion cyst, durable medical equipment and postoperative occupational therapy. According to a progress report dated 03/10/2015, the injured worker continued to have right thenar pain and left wrist pain due to a ganglion cyst. Diagnoses included left wrist status post ganglion excision x 2 with reoccurrence, left carpal tunnel syndrome, right de Quervain's tenosynovitis, abdominal complaints resolved and a psychiatric diagnosis. The injured worker remained temporarily very disabled. She was to continue home exercises. Currently under review is the request for occupational therapy 8 sessions for the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 8 sessions, left wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation post surgical rehabilitation, forearm, wrist and hand.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy 8 sessions to the left wrist is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right DeQuervain's tenosynovitis; and dorsal ganglion cyst recurrence. Subjectively, according to a January 26, 2015 progress note, the documentation shows the injured worker is status post third injection for the right DeQuervain's. The left ganglion cyst was removed in 2013 and returned three weeks prior. The right DeQuervain's has resolved. There is a left dorsal ganglion cyst removal request submitted. There is no documentation in progress note for postoperative physical therapy. The request for postoperative physical therapy/occupational therapy is in the request for authorization dated February 13, 2015. There is no documentation in the medical record indicating left dorsal ganglion cyst removal has been authorized. The utilization review states the surgical excision of the ganglion cyst has not been supported. Consequently, absent clinical documentation with authorization with a surgical procedure (ganglion cyst removal), occupational therapy 8 sessions to the left wrist is not medically necessary.