

<b>Case Number:</b>	CM14-0156974		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 37 year old male who sustained a work injury on 11-8-10. On 3-31-14, the claimant underwent arthroscopic repair of instability of right wrist, arthroscopic synovectomy, tenosynovectomy of the fifth and six dorsal compartments. Office visit on 7-17-14 notes the claimant has had 8 physical therapy sessions to the left. Office visit on 8-21-14 notes the claimant was status post arthroscopic repair of the instability of the right wrist four and a half months ago. He has had slow but steady progress. On exam, the claimant had tenderness over the dorsal wrist. The claimant had 60 degrees of flexion and extension. The claimant is using oral medications for pain relief. It is noted the claimant has one physical therapy visit left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2Wk x 8Wks 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, Postsurgical Treatment Guidelines.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided with postop physical therapy. On 7-17-14 he had completed 8 postop physical therapy sessions and by 8-21-14 he had one more session left. It is unclear how many postop physical therapy sessions he has had. There is an absence in documentation noting that this claimant cannot perform a home exercise program. Post-Surgical Treatment Guidelines supports 16 postop physical therapy visits. The requested physical therapy 2 x 8 weeks will certainly exceed current treatment recommendations. Therefore, the medical necessity of this request is not established.