MAXIMUS Federal Services

Case Number:	CM13-0015399		
Date Assigned:	10/07/2013	Date of Injury:	08/31/2012
Decision Date:	01/08/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in New York. 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 physician 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:

The patient is a 47-year-old male who reported a work-related injury on 08/31/2012. The mechanism of injury was a result of strain to the right wrist. The patient subsequently is status post scapholunate ligament repair with pin removal as of 03/28/2013. The clinical notes document the patient has completed over 20 sessions of postoperative occupational therapy. An occupational therapy note dated 06/13/2013 documents that the patient presents with continued pain about the radial and ulnar wrist. The patient utilizes hydrocodone/acetaminophen and NSAIDs. Range of motion values were noted to be at 45 degrees of extension, 15 degrees flexion, 10 degrees radial deviation, and 10 degrees ulnar deviation. Extension of the right wrist was 50 degrees, and flexion was 22 degrees. The provider documented a recommendation for the patient to continue physical therapy interventions to improve pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Sessions of Post-Operative Occupational Therapy for the Right Wrist, Outpatient between 7/19/13 and 9/2/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 2,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Clinical notes submitted for review document that the patient presented status post a scapholunate ligament repair with subsequent pin removal. The patient has utilized over 20 sessions of occupational therapy. However, documentation submitted for review lacks evidence of a specific rationale for the patient's failure to transition to an independent home exercise program at this point in treatment. The Postsurgical Treatment Guidelines indicate 20 sessions over 6 months for ligament reconstruction or repair is supported. Given the lack of documentation evidencing a rationale for why the patient could not transition to an independent home exercise program, the request for 8 additional sessions of postoperative occupational therapy for the right wrist as an outpatient between 07/19/2013 and 09/02/2013 is not medically necessary and appropriate.