

Case Number:	CM13-0016329		
Date Assigned:	11/06/2013	Date of Injury:	10/08/2010
Decision Date:	01/24/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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 Internal Medicine has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 59-year-old male who sustained a work-related injury on 10/09/2010. The clinical information indicates the patient underwent left wrist surgery followed by postoperative physical therapy. The most recent progress report dated 10/28/2013 documented subjective complaints of ongoing left knee pain with popping, clicking, and weakness. Objective findings revealed positive popping and clicking, positive patellar grind, and positive McMurray's. The treatment plan included continuation of home exercise and continuation of bracing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy #8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: The California MTUS Postsurgical Guidelines recommend 10 visits over 10 weeks for TFCC injuries/debridement. The clinical information submitted for review lacks documentation of exceptional factors to warrant additional therapy. Furthermore, the clinical indicates that the patient has undergone extensive therapy and should be well versed in an

independent self-directed home exercise program to continue functional gains and pain reduction. As such, the request for occupational therapy 2x4 is non-certified.

Custom splint, left: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Splint Section.

Decision rationale: The Official Disability Guidelines (ODG) recommends the use of splints for treating displaced fractures, after tendon repair, mallet finger, and arthritis. The clinical information submitted for review indicates that the patient was instructed to decrease use of the splint at 2 week increments since 05/2013. Given the documentation submitted for review and patient instruction in regards to the use of a splint, the request is not supported as the patient should not require splinting this far removed from surgery. As such, the request for left custom splint is non-certified.