

Case Number:	CM13-0027618		
Date Assigned:	09/08/2014	Date of Injury:	08/02/2012
Decision Date:	10/09/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/23/2013

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 Orthopedic Surgeon, Hand Surgeon 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:

The injured worker is a 55-year-old male who reported an injury on 08/02/2012 due to ten boxes falling and injuring his right wrist. The injured worker had a history of right wrist pain. The injured worker had diagnoses of status post right wrist arthroscopic scapholunate ligament thermal shrinkage and triangular fibrocartilage complex debridement dated 12/05/2012 and status post right ulnar shortening osteotomy on 06/19/2013. Past treatments included x-rays, medication, brace, physical therapy, and occupational therapy. The objective findings dated 09/19/2013 of the right wrist revealed extension 30 degrees, palmar flexion 40 degrees, radial deviation 15 degrees, and ulnar deviation 20 degrees. Finkelstein's test was negative bilaterally, Watson test was negative bilaterally, Luno-triquetral ballottement was negative bilaterally, Lichtman's test was negative bilaterally, and Tinel's test was negative bilaterally at the wrist. Examination of the hand revealed decreased, able to make a complete fist, touching the fingertips to the mid palmar crease bilaterally. The motion was noted below. Phalen's test was negative bilaterally; thenar strength was 4/5 of the right and 5/5 on the left. The right wrist did have a well healed scar to the wrist and forearm area. Sensation to pinprick and light touch was intact to the upper extremities bilaterally. The treatment plan was for 12 occupational therapy visits between 09/11/2013 and 09/26/2013. The request for authorization was not submitted with documentation. The rationale for the occupational therapy was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Occupational Therapy Visits Between 9/11/2013 and 10/26/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: The California MTUS guidelines indicate that the Patient is instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Per the documentation provided the injured worker has received 12 sessions of physical therapy for the hand/elbow. The injured worker has been instructed to continue with home exercises. The documentation was not evident of any special circumstances that warranted additional therapy. As such, the request is not medically necessary.