

Case Number:	CM13-0035379		
Date Assigned:	12/13/2013	Date of Injury:	01/19/2009
Decision Date:	02/24/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/17/2013

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 and is licensed to practice in Rhode Island. 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.

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 62-year-old male with a date of injury of 1/19/09. The patient complains of persistent wrist pain requiring chronic pain control medication. The patient has had multiple surgeries (Carpal tunnel release, repair extensor tendon rupture) on the wrist dating from 2009 through June 2011. The patient has received occupational therapy (OT) following these surgeries. The patient has tenderness in the left wrist and limited range of motion (ROM) and loss of extension of the thumb and thenar atrophy. The OT in the past has been for several weeks at a time post surgery. The recommendation in 2011 was for wrist arthroplasty. The patient has received occupational therapy in previously with marginal benefit as he did not regain function or significant pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the left wrist/hand; 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

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

Decision rationale: MTUS guidelines indicates that physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, the patient has chronic pain in the wrist and hand area and has had multiple surgeries and therapy in

the past with limited results. Therefore, another course of occupational therapy is not likely to not be of medical benefit as the patient has had multiple courses of therapy for weeks at a time with minimal gain in function or relief of pain. Thus, occupational therapy in this clinical setting would not provide appreciable benefit and is not medically necessary. The request for occupational therapy for the left wrist/hand; 2 x 6 is not medically necessary and appropriate.