

Case Number:	CM13-0042108		
Date Assigned:	12/27/2013	Date of Injury:	11/15/2012
Decision Date:	02/26/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/16/2013

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 Occupational Medicine and is licensed to practice in Utah. 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 49 year old male, with left wrist pain. The date of Injury was 11/15/12. The injury occurred when he slipped and fell off of a truck bed, while unloading windows. An MRI was done, showing a Distal Radial Ulnar Joint effusion, and a full thickness tear of the Triangular Fibrocartilage, mild edema in the Scaphoid bone, and degenerative changes. The patient had surgical intervention on the wrist, including arthroscopy consisting of debridement and Triangular Fibrocartilage repair in July 2013. Patient had Physical Therapy, and attended 12 of these sessions, post surgery. Physical therapy notes are brief, and state that the patient did not report significant improvement over the course of Physical Therapy.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-278..

Decision rationale: The current request is for Occupational Therapy of the wrist/hand. MTUS guidelines can be applied to this case. The clinical notes did indicate surgical intervention, as

well as a post surgical period of Physical Therapy. The Physical Therapy notes, are brief, and state that the patient did not report significant improvement over the course of Physical Therapy. There is no indication for further supervised therapy at this time, including Occupational Therapy. Occupational therapy is deemed not medically necessary at this time.