

Case Number:	CM13-0063715		
Date Assigned:	12/30/2013	Date of Injury:	08/20/2012
Decision Date:	04/25/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/10/2013

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 Surgery 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 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:

This 61 year old claimant has a date of injury of August 20, 2012. Surgery was performed on June 10, 2013 to remove a suture anchor and performed what appears to be revision capsular interposition arthroplasty surgery. The claimant pursued therapy postoperatively. The number of visits is not clear in the records provided. Additional occupational therapy two times a week for four weeks was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy two (2) times a week for four (4) weeks to be done at The Hand & Wrist Center: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The CA MTUS Post-Surgical 2009 Guidelines support twenty four visits over eight weeks following any type of wrist arthroplasty surgery. In this case the numbers of visits of therapy that have been attended are not provided. Absent this information additional visits of therapy cannot be certified.

