

<b>Case Number:</b>	CM14-0002981		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	07/14/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 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 51 year old female whose date of injury is 07/14/2012. The injured worker was jerked by a patient in a wheelchair on this date. She felt pain in her cervical spine, right shoulder, right hand, right wrist and thumb. She underwent right thumb trigger thumb release surgery on 08/01/13. Range of motion testing dated 12/18/13 indicates that right wrist range of motion is flexion is 59, extension 71, radial deviation 18.7 and ulnar deviation 41 degrees. The most recent office visit note submitted for review is dated 12/18/13. The injured worker complains of constant severe pain in the right wrist and hand. There is severe pain in the right shoulder and cervical spine as well. Diagnoses are listed as tendinitis/bursitis of the right hand/wrist, rule out carpal tunnel syndrome, cervical spondylosis without myelopathy, bursitis and tendonitis of the right shoulder, anxiety and sleep disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP FOLLOW-UP VISIT WITH RANGE OF MOTION MEASUREMENT AND PATIENT EDUCATION:** Upheld

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

**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, Office visits.

**Decision rationale:** Based on the clinical information provided, the request for post-op follow up visit with range of motion measurement and patient education is not recommended as medically necessary. The injured worker underwent surgery in the form of right thumb trigger thumb release on 08/01/13. There is no clear rationale provided to support follow up visit at this time. There is no comprehensive assessment of postoperative treatment completed to date or the injured worker's response thereto submitted for review. The injured worker's compliance with an active home exercise program is not documented.