

Case Number:	CM14-0008797		
Date Assigned:	02/12/2014	Date of Injury:	05/16/2013
Decision Date:	06/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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 has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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 claimant, a 22-year-old female, injured the right upper extremity secondary to cumulative trauma on 5/16/13 and was diagnosed with a wrist sprain/strain. The 12/30/13 follow up report noted continued right arm tenderness and examination showed negative wrist impingement, full and well preserved range of motion and tenderness to palpation noted at the volar aspect of the forearm. The records provided for review did not contain any reports of imaging of the wrist. The records document conservative treatment has included physical therapy, acupuncture, immobilization, medications, and work restrictions since the time of injury. Recommendations were made for continuation of a wrist brace, nonsteroidal medication, and additional physical therapy sessions. This review is for a request for three follow up orthopedic visits between 1/10/14 and 2/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 FOLLOW-UP VISITS WITH AN ORTHOPEDIC SURGEON BETWEEN 1/10/14 AND 2/24/14: 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 MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004)
, 7, 127

Decision rationale: Based on California ACOEM Guidelines, three orthopedic assessments, between 1/10/14 and 2/24/14, for the diagnosis of a wrist sprain greater than seven months after the date of injury would not be indicated. While it would be reasonable to support one clinical follow up visit in this time period to evaluate response to unrestricted activity, there would be no indication or specific purpose for three visits as there is no diagnosis that would necessitate follow up assessments as frequent as being requested. The request in this case would not be supported as medically necessary.