

Case Number:	CM14-0017605		
Date Assigned:	04/16/2014	Date of Injury:	05/16/2013
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/12/2014

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 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:

The claimant is a 47-year-old gentleman who was injured in a work related accident on May 16, 2013. Records indicate recent surgical process following a course of conservative care on December 2, 2013 in the form of left wrist dorsal ganglion cyst removal as well as flexor ganglion cyst removal from the ring finger. Postoperative course of care has included formal physical therapy. Total number of sessions since time of operative process is not noted. There was a specific request for twelve additional sessions of occupational therapy for the wrist for improved range of motion and strengthening. A January 20, 2012 progress report indicated range of motion to be good, but strength noted to be slow. Further documentation of exam findings was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OCCUPATIONAL THERAPY FOR THE WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, while physical therapy can be considered for removal of ganglion and cystic structures, it is specifically indicated that postoperative physical therapy is rarely indicated for a ganglionectomy

procedure alone. Given the claimant's timeframe from surgery, physical therapy already utilized and no documented functional deficit on examination, the specific request for continued therapy would not be supported.