

Case Number:	CM14-0139903		
Date Assigned:	09/08/2014	Date of Injury:	05/20/2013
Decision Date:	10/03/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/28/2014

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 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:

This is a 43-year-old, male who sustained a vocational injury while working as a cook on 05/20/13. The medical records provided for review document that the claimant underwent a right carpal tunnel release, right wrist arthroscopy with debridement of the triangular fibrocartilage and debridement with shrinkage of the right scapholunate ligament on 05/22/14. The office note dated 07/25/14 noted that the claimant was doing well but had complaints of in his right wrist in addition to mild ongoing ulnar-sided wrist discomfort predominately at the extremes of motion. It was documented that Clonazepam prescribed at the previous office visit helped with sleep and anxiety. Objective findings on examination included mild ulnar-sided wrist discomfort with no radial scapholunate tenderness, 55 degrees of extension in the wrist and near full extension. The recommendation was made for additional therapy weekly or every other week until the claimant was able to participate in therapy for strengthening in about four weeks. The claimant had attended at least eight sessions of postop physical therapy at that point. The most recent therapy note for review is noted to be visit six of eight at which time the claimant had full wrist range of motion, was hesitant to progress with stabilization and/or advancing to other strengthening. The claimant was provided with a home exercise program. This request is for occupational therapy for the right wrist, two times a week for six weeks for a total of 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the right wrist, 2 times a week for 6 weeks, QTY: 12 sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California Postsurgical Treatment Guidelines recommend three to eight visits of physical therapy following carpal tunnel release, ten visits over ten weeks for up to four months following TFCC debridement, and 14 visits over 12 weeks following postsurgical treatment for synovitis and tenosynovitis. The documentation presented for review suggests the claimant has already attended at least eight sessions of formal physical therapy and the additional request of 12 sessions would bring the claimant's total to 20 physical therapy sessions which exceeds California MTUS Postsurgical Rehabilitation Guidelines. The most recent physical therapy record available for review as well as the most recent office note available for review fails to indicate that the claimant had ongoing abnormal physical exam objective findings establishing to support the medical necessity of additional physical therapy. There is a lack of documentation of barriers that are in place that would prevent the claimant from transitioning and advancing to a home exercise program. Additional therapy at this time would exceed the Postsurgical Rehabilitative Guidelines and based on the documentation presented for review and in accordance with California MTUS Postsurgical Guidelines would not be considered medically necessary.