

Case Number:	CM14-0150237		
Date Assigned:	09/18/2014	Date of Injury:	05/23/2013
Decision Date:	11/19/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 48 year old female who had a work injury dated 5/23/13. The diagnoses include pain in right wrist; cubital tunnel syndrome, right status post wrist arthroscopy in February, 2014 involving dorsal synovitis and small fifth peripheral TFCC tear. Under consideration is a request for occupational therapy x 12 session (right wrist). There is an 8/19/14 PR-2 document that states that the H wave burned her skin and because of all the issues, she feels she has had a slow start. Finished OT today. Still unable to put pressure and certain other movements such as flexing or gripping. Still with same intensity pain but does feel motion is very slowly improving. On exam there is limited active wrist motion, passively now able to extend to 40, flex 45. Radial deviation 10, ulnar deviation 12. Still diffuse tenderness along dorsal wrist. Tenderness along TFCC with stress. Forearm much less tense. Tenderness along cubital tunnel just below the medial epicondyle, positive Tinel's at elbow. The treatment plan states that the patient is making slow progress but making progress. The plan states also that although did 10 visits of PT prior to her consult with the documenting physician in June, it was very aggressive and caused major setback by increasing her pain and making her extremely overprotective and stiff. Now, after 12 visits of OT, she is much less sensitive and able to move more. Her grip strength has improved as well, but nowhere near left non-dominant side. The plan advises ongoing OT x 12 to help assist her in making ongoing gains and get her back to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy x 12 session (right wrist): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits post op visits for this condition. The documentation indicates that the patient has already completed her post surgical physical therapy of 10 visits and then had another 12 therapy visits. The documentation does not reveal documentation from her therapy sessions indicating objective findings of functional improvement. The documentation is unclear why the patient continues to need supervised therapy and cannot perform an independent home exercise program at this point. The request for 12 visits exceeds the MTUS Chronic Pain Medical Treatment Guidelines recommendations of up to 10 visits. The request for Occupational therapy x 12 session (right wrist) is not medically necessary.