

Case Number:	CM14-0178171		
Date Assigned:	10/31/2014	Date of Injury:	03/13/2014
Decision Date:	12/08/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family Medicine 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:

This is a 31 year old female patient who sustained an injury on 3/13/2014. The diagnoses include right wrist pain and s/p right wrist surgery. She sustained the injury due to repetitive writing, typing and testing. Per the doctor's note dated 10/27/14, patient had complaints of right wrist pain at 1/10. Physical examination of the right wrist revealed well healed incision, mild ulnar tenderness, range of motion- flexion 60, extension 60, radial/ulnar deviation 20/24, pronation 80 and supination 70 degrees; 5/5 strength and normal sensation. The medication list includes Adderal extended release, nasanox, Singular, Dulera, Trexinet, proair inhaler and Yasmin. She has had right wrist X-rays which revealed no abnormalities and MRI right wrist on 3/31/14 which revealed extensor carpi ulnaristenosynovitis and tendonsis, dorsal/ulnar capsulitis and synovitis. She has undergone right wrist extensor carpi ulnaris tenosynovectomy and arthroscopic debridement on 7/31/14. She has had right wrist cortisone injection on 6/3/14. She has had 12 post operative physical/occupational therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS post-surgical guidelines recommend up to 14 post op visits over 3 months for this surgery. Per the records provided patient has already had 12 post operative physical/ occupational therapy visits following right wrist surgery. Per MTUS post-surgical guidelines, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." There is no evidence of ongoing significant progressive functional improvement from the previous post operative physical/occupational therapy visits that is documented in the records provided. In addition per the cited guidelines "Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Occupational Therapy 2 x 4 is not fully established for this patient.