

Case Number:	CM14-0021093		
Date Assigned:	02/21/2014	Date of Injury:	09/12/2013
Decision Date:	07/21/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/08/2014

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 Occupational 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:

The patient is a 55-year-old male who has submitted a claim for right wrist strain with an industrial injury date of 9/12/13. Medical records from 7/30/13 to 1/18/14 were reviewed, showing that the patient complained of persistent right wrist pain graded 3-10/10. The pain has interfered with his activities of daily living. Physical examination revealed tenderness of dorsoulnar aspect of carpus upon palpation, slightly reduced range of motion with pain and limited pronation and supination, intact right hand grip, and normal radial artery pulses. An MRI of the right wrist without contrast done on 12/5/13 revealed mild tenosynovitis of the second extensor compartment tendons, moderate distal radioulnar joint effusion, and multiple subchondral cysts and/or interosseous ganglia prominent with the proximal capitate, scaphoid, and lunate. Treatment to date has included six visits of occupational therapy, wrist supportive splint, cold packs, Vicodin, and Aspirin 81mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 X POST OP OCCUPATIONAL THERAPY SESSIONS FOR THE RIGHT WRIST 3 X 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the California MTUS Postsurgical Treatment Guidelines, the recommended post-surgical occupational therapy sessions for extensor tenosynovectomy are 14 visits over 3 months, with a postsurgical physical medicine treatment period of 6 months. In this case, the objective data does not provide treatment-to-date of the wrist injury. The extensor tenosynovectomy for the right wrist injury was not certified. As such, the request is not medically necessary.