

Case Number:	CM14-0079038		
Date Assigned:	07/18/2014	Date of Injury:	10/04/2012
Decision Date:	09/25/2014	UR Denial Date:	05/18/2014
Priority:	Standard	Application Received:	05/29/2014

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 54-year-old female with a work injury dated 10/4/12. The diagnoses include right wrist de Quervain release; right wrist diagnostic arthroscopy; right wrist arthroscopic partial synovectomy; open right triangular fibrocartilage complex repair on 10/23/13. Under consideration is a request for occupational therapy 3 x 6 for the right wrist and UE. There is a primary treating physician report dated 4/28/14 that states that the patient is still attending OT and would like more OT. She states that the pain in her hand is radiating up to her right arm/shoulder. On exam there is crepitus, edema, and tenderness at the right wrist. Flexion and extension actively is 30 degrees and passively is 40 degrees. The plan states that she is still having right wrist/upper extremity weakness and pain and there is a request for more therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 3 X 6 FOR THE RIGHT WRIST AND RIGHT UE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Per the MTUS Guidelines, at this point the patient is beyond the post-operative period. It is unclear exactly how many right upper extremity therapy sessions she has had but it appears to be at least 12 sessions. The request for 18 would far exceed the guideline recommendations for this condition. The patient should be versed in a home exercise program by now. The documentation does not reveal an extenuating circumstance that would require 18 more supervised therapy sessions. Therefore, the request for Occupational therapy 3 x 6 for the right wrist and right upper extremity is not medically necessary.