

Case Number:	CM14-0093413		
Date Assigned:	07/25/2014	Date of Injury:	08/23/2010
Decision Date:	09/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 59 year-old individual was reportedly injured on August 23, 2010. The mechanism of injury is noted as click/pop felt in the wrist while lifting a drill. The most recent progress note, dated May 2nd, 2014 indicates that there are ongoing complaints of wrist pain and triggering. The physical examination of the right wrist demonstrated tenderness of the index finger and the little finger, and tenderness at the A1 pulley with associated swelling. Triggering of the thumb and index finger at the level of the MCP joint are also reported. Diagnostic imaging studies have included an MRI of the left wrist, and an MRI of the left elbow, and reveals degenerative changes, a TFCC tear, a subcortical cyst at the tip of the ulnar styloid, and mild or moderate widening of the scapholunate interval, to 3 mm. Previous treatment includes and SL ligament repair with dorsal capsulodesis on August 15, 2013, with subsequent hardware removal, physical therapy, chiropractic care and injections. A request had been made for 12 sessions of postoperative occupational therapy following an A1 pulley release, procedure and was not certified in the pre-authorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative OT (Occupational Therapy) 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Post Surgical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3 Post Surgical Treatment Guidelines, California Code of Regulations, Title 8. Effective July 18, 2009.

Decision rationale: CA MTUS guidelines support physical therapy in the postoperative setting following an A1 pulley release. However, the guideline recommendations for postsurgical treatment are for 9 visits over 8 weeks. The guidelines recognize that not all individuals will fall within these guideline recommendations and provides for therapy outside of the guideline recommendations when necessary and with the appropriate supporting documentation. In this case, there is been no clinical documentation to indicate that the claimant has not and will not respond within the recommended period of time supported by the guidelines. As such, this request for 12 sessions of postoperative physical therapy is not medically necessary.