

Case Number:	CM14-0095600		
Date Assigned:	07/25/2014	Date of Injury:	02/04/2013
Decision Date:	09/24/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/23/2014

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 Orthopedic Surgery 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:

45 year old male claimant with an industrial injury dated 02/04/13. The patient is status post a right scaphoid excision and capitulate fusion as of 12/13/13. Exam note 06/02/14 states the patient returns with right wrist pain. Physical exam demonstrated tenderness along the thumb CMC joint and a slight crepitus also along the right thumb CMC joint. The range of motion of the right wrist is noted at 20 degrees extension, 25 degrees flexion, and has limited radial and ulnar deviation. Diagnosis includes a proximal pole scaphoid fracture non-union, and subsequent arthritis. Treatment includes occupational therapy. Records demonstrate 28 visits of OT have been completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy 2 x a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: Per the CA MTUS Post-Surgical Treatment Guidelines, Fracture of carpal bone in the wrist, page 20, recommends 16 visits over 10 week period. In this case the claimant

has exceeded this with 28 visits completed thus far. There is lack of evidence of rationale why the patient cannot reasonably be placed on a home based program. Therefore determination is for not medically necessary.