MAXIMUS Federal Services

Case Number:	CM14-0177267		
Date Assigned:	10/30/2014	Date of Injury:	07/06/2014
Decision Date:	03/11/2015	UR Denial Date:	10/08/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland, District of Columbia
Certification(s)/Specialty: Internal Medicine

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 employee was a 23 year old male who sustained an industrial injury on 07/06/14, when his left foot got caught in a step causing him to trip and fall with his body twisted. He fell landing on his right hand. The ortho note from 08/20/14 was reviewed. His pertinent complaints included neck pain, right elbow pain, right hand, right wrist and right thumb pain with activities. There was tingling and numbness in the hand and fingers. There was a tender right thenar musculature with soft tissue swelling of the forearm with stiff right thumb. The grip strength was 20/20/20 with Jamar dynamometer on right and 100/100/100 on the left. There was tenderness of the cervicothoracic and lower cervical spine with almost full range of motion causing cervicothoracic pain. X-rays of the right wrist showed slight widening of scapholunate space present on the right. Treatment included medications, ice and heat and splint. Diagnoses included contusion, abrasion, strain/sprain injury of the right thumb and right wrist, rule out fascial tear and muscle herniation of the right forearm volarly and cervicothoracic musculoligamentous strain/sprain with possible radiculopathy. He was recommended to have EMG/NCS of right upper extremity and physical therapy to the neck and right upper extremity twice a week for six weeks. According to the note from 08/06/14, he had completed six occupational therapy visits. His subjective complaints included pain in right wrist and forearm exacerbated by palpation and range of motion. He was working regular duty. Current medications included Acetaminophen, Polar Frost topical gel, Nabumetone and Relafen. Pertinent examination findings included tenderness of flexor surface and extensor surface of the right wrist. There was no crepitation of the right wrist on examination. There was full range of motion of the right wrist. Muscle strength

was full and there was no tenderness in the right anatomical snuffbox. Diagnoses included right hand contusion, right hand sprain/strain and forearm with tendon involvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy Right Hand3 x 4 sessions.: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm and wrist, Physical therapy

Decision rationale: The employee was a 23 year old male who sustained an industrial injury on 07/06/14, when his left foot got caught in a step causing him to trip and fall with his body twisted. He fell landing on his right hand. The ortho note from 08/20/14 was reviewed. His pertinent complaints included neck pain, right elbow pain, right hand, right wrist and right thumb pain with activities. There was tingling and numbness in the hand and fingers. There was a tender right thenar musculature with soft tissue swelling of the forearm with stiff right thumb. There was tenderness of the cervicothoracic and lower cervical spine with almost full range of motion causing cervicothoracic pain. X-rays of the right wrist showed slight widening of scapholunate space present on the right. Treatment included medications, ice and heat and splint. Diagnoses included contusion, abrasion, strain/sprain injury of the right thumb and right wrist, rule out fascial tear and muscle herniation of the right forearm volarly and cervicothoracic musculoligamentous strain/sprain with possible radiculopathy. He was recommended to have EMG/NCS of right upper extremity and physical therapy to the neck and right upper extremity twice a week for six weeks. According to the note from 08/06/14, he had completed six occupational therapy visits. His subjective complaints included pain in right wrist and forearm exacerbated by palpation and range of motion. He was working regular duty. Current medications included Acetaminophen, Polar Frost topical gel, Nabumetone and Relafen. Pertinent examination findings included tenderness of flexor surface and extensor surface of the right wrist. There was no crepitation of the right wrist on examination. There was full range of motion of the right wrist. Muscle strength was full and there was no tenderness in the right anatomical snuffbox. Diagnoses included right hand contusion, right hand sprain/strain and forearm with tendon involvement. According to ODG, 9 visits over 8 weeks are recommended for sprains and strains of the wrist and hand. More visits may be necessary when grip strength is a problem even if range of motion is improved. Given the employee's significantly decreased grip strength, the request for 12 visits of occupational therapy are medically appropriate and necessary. In addition, the note from 07/31/14 reported that he had no occupational therapy visits till date and the note from 08/06/14 reported that he had 6 sessions. The ortho consultant didn't include physical or occupation therapy in his prior treatments. So, more than likely, the employee had not received prior occupational therapy. Hence the requested visits seem to be appropriate.