

Case Number:	CM14-0205478		
Date Assigned:	12/17/2014	Date of Injury:	06/03/2014
Decision Date:	02/25/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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: California

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

24 year old male claimant with an industrial injury dated 06/03/14. Exam note 10/07/14 states the patient returns with right wrist pain. Upon physical exam there was evidence of tenderness surrounding the dorsal, radial, and volar aspect of the wrist. Active range of motion was noted as limited at 50%. The patient demonstrated decreased grip strength, and sensation to light touch was intact. There was no soft tissue swelling noted or skin color changes. Diagnosis is noted as chronic low back pain, and tendinitis of the right wrist. Treatment includes a right wrist scaphoidectomy and additional post-op occupational therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 12 post-operative occupational therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

Decision rationale: Per the CA MTUS/Post-Surgical Treatment Guidelines, page 21, proximal row carpectomy, 20 visits are allowed over 6 month period. Initially the number of visits are recommended. As the request for 12 visits exceeds the number recommended, the determination is for not medically necessary.