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| Case Number: | CM14-0073443 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 04/14/2013 |
| Decision Date: | 02/06/2015 | UR Denial Date: | 04/30/2014 |
| Priority: | Standard | Application Received: | 05/20/2014 |

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, has a subspecialty in Sports Medicine 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:

The patient is a 30-year-old male who reported injury on 04/14/2013. The mechanism of injury was not specified. His diagnoses included status post right ECU tenosynovectomy with stabilization, possible early complex regional pain syndrome of the right wrist and hand, and possible right scapholunate ligament tear. His past treatments included surgery and occupational therapy. His pertinent surgical history included a post right ECU tenosynovectomy with stabilization on 12/10/2013. On 04/15/2014, the patient complained of pain in the right wrist. The physical examination of the right wrist revealed range of motion with flexion at 5 degrees and extension at 40 degrees. It was noted that the injured worker had mild swelling of the right wrist and hand however there was no instability. It was indicated had diminished grip strength. Relevant medications were not provided. The treatment plan included occupational therapy 2 times a week for 6 weeks for the right wrist to continue working on range of motion, modalities and strengthening. A Request for Authorization Form was received on 04/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2xwk x 6wks right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20 and 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Extensor tenosynovectomy Page(s): 20.

Decision rationale: The request for occupational therapy 2xwk x 6wks right wrist is not medically necessary. According to the California MTUS Guidelines, postsurgical physical therapy for extensor tenosynovitis would be allotted 14 sessions with a treatment period of 6 months. The injured worker was indicated to have completed 6 occupational therapy visits as of 03/18/2014 following his status post right extensor carpi ulnaris tenosynovectomy with stabilization on 12/10/2013. However, there was lack of documentation in regard to objective functional improvement with previous physical therapy sessions. In addition, the request falls outside of the postsurgical treatment period of 6 months and the request exceeds the number of visits recommended by the guidelines. Based on the above, the request is not supported by the evidence based guidelines. As such, the request for occupational therapy 2xwk x 6wks right wrist is not medically necessary.