

Case Number:	CM14-0097443		
Date Assigned:	07/23/2014	Date of Injury:	04/14/2013
Decision Date:	02/05/2015	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/11/2014

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 Rehab, 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 sustained a work injury on 4/14/13 to his right hand. According to the most recent attending physician report dated 4/15/14 (10) he was status-post right ECU tenosynovectomy with stabilization. The records also indicate he suffered a nonindustrial injury after slipping and falling on 1/22/14 causing new and further injury to his right wrist. The treating physician report dated 4/15/14 indicates the patient has persistent complaints of pain in the right wrist. The report indicates he is receiving physical therapy which is somewhat helpful. Examination findings at that time indicated decreased flexion of the right wrist with pain, mild swelling right wrist, diminished right grip strength. The current diagnoses are: 1. Status-post ECU tenosynovectomy with stabilization 2. Possible right scapulohumeral tear (non-industrial) 3. Possible early complex regional pain syndrome Utilization Review report dated 05/19/2014 denied the request for Occupational Therapy two x a week for 6 weeks right wrist based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 x week x 6 weeks for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient has persistent complaints of significant pain in the right wrist. The current request is for occupational therapy 2 x week x 6 weeks for the right wrist. MTUS does not indicate the number of visits outlined for chronic wrist pain following right ECU tenosynovectomy. However, chronic wrist pain is similar to myalgia/myositis and neuritis/radiculitis for which MTUS guidelines allow 9-10 therapy visits. The MTUS guidelines also allow for fading of treatment frequency, plus active self-directed home physical medicine. In this case, there is a request for 12 sessions. The review of records indicate that the patient has been receiving some form of physical therapy, although there is no discussion of how much or when it began. The current request is for occupational therapy two times a week for six weeks. This request exceeds what the MTUS guidelines allow. Post-surgical guidelines for extensor tenosynovectomy allows 14 visits over three months. Based on the 1/30/14 treating physician report the surgery was performed on 12/7/13 as the report states that the patient is 7 weeks post-surgery. The Post-surgical treatment period is six months. There is no discussion of why the patient has not been transitioned into a home exercise program nearly 6 months post-surgery, or why the patient would still require supervised occupational therapy. The available treatment records for my review do not support medical necessity. Recommendation is for denial.