

Case Number:	CM15-0132526		
Date Assigned:	07/20/2015	Date of Injury:	01/20/2014
Decision Date:	09/01/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/09/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 39 year old female, who sustained an industrial injury on 1/20/14. The injured worker has complaints of right wrist pain. The documentation noted that there is tenderness over laying the dorsal aspect of her right wrist, just at the level of the base of the third metacarpal bone, where a bony prominence is palpated and she has tenderness at the first dorsal compartment. The diagnoses have included right wrist first dorsal compartment tenosynovitis and right wrist carpal boss. Treatment to date has included corticosteroid injection to the right dorsoradial carpal joint. The request was for post-op occupational therapy 3x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Occupational therapy 3x4: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
 Page(s): 22.

Decision rationale: The patient presents with right wrist pain. The current request is for Post Op Occupational Therapy 3x4. The treating physician fails to state, in the records available for review, a specific request for post-op Occupational Therapy 3x4 however, it can be

extrapolated on the basis of the UR decision letter (which similarly fails to document a specific request.) The MTUS post-surgical guidelines do recommend occupational therapy 14 visits. In this case, the treating physician, based on the records available for review, fails to document when the surgery occurred, making it impossible to determine whether the current request falls within the cited guidelines. There is a UR Decision letter dated 06/04/15 certifying Occupational Therapy x7 (30B). The current request for 12 visits appears to fall within the PSTG for post-surgical treatment of tenosynovitis utilizing occupational therapy. The current request is medically necessary.