

Case Number:	CM15-0137031		
Date Assigned:	07/27/2015	Date of Injury:	06/01/2010
Decision Date:	08/21/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/15/2015

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: Massachusetts

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

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 37-year-old male with an industrial injury dated 06/12/2012. A specific diagnosis is not listed however, the injured worker was status post right wrist arthroscopy and carpal tunnel release. Prior treatment included occupational therapy and medications. He presents on 06/10/2015 six months status post wrist arthroscopy, carpal tunnel release. He complained of right hand burning over the previous 48 hours, wearing a compression glove 24 hours a day. He was taking Neurontin but stated it made him sleepy. Physical exam noted right wrist flexion 40, extension, 50, ulnar deviation 20, radial deviation 10, pronation 85 and supination 65. Treatment plan included additional therapy, Lyrica (for less sedation) and follow up. The treatment request is for occupational therapy 2 times a week for 6 weeks for the right hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 6 weeks for the right hand and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment

Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 20.

Decision rationale: The claimant sustained a work injury in June 2010 and in December 2014 underwent right wrist arthroscopic surgery with a triangular fibro cartilage complex repair, carpal tunnel release, and extensor carpi ulnaris tendon release. When seen, release. The claimant had 12 sessions of postoperative therapy. When seen, he had lost gains since discontinuing therapy. He was having constant pain and popping when applying pressure to the wrist. Physical examination findings included decreased grip strength. An additional 12 therapy treatment sessions were requested. Guidelines recommend up to 18 visits over 4 months after the extensor carpi ulnaris tendon release, up to 16 visits over 10 weeks after triangular fibro cartilage complex repair, and up to 8 visits over 3-5 weeks after a carpal tunnel release. Concurrent therapy treatment would be expected. In this case, the number of additional treatments being requested does not reflect a fading of treatment frequency or what might be expected to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.