

Case Number:	CM15-0215260		
Date Assigned:	11/05/2015	Date of Injury:	09/03/2014
Decision Date:	12/18/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/02/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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:

The injured worker is a 24 year old male, who sustained an industrial injury on September 3, 2014. He reported left wrist pain and swelling. The injured worker was currently diagnosed as having left wrist pain. Treatment to date has included diagnostic studies, physical therapy, surgery, occupational therapy and medication. He was noted to be status post right shoulder biceps tenodesis and removal of a metallic loose body from a prior AC joint surgery performed in May 2015. On July 7, 2015, the injured worker underwent left wrist arthroscopy for debridement of synovectomy. On September 30, 2015, the injured worker presented to follow up for left wrist injury. He complained of pinching pain when actively extending. He was noted to just recently finish occupational therapy but still complained of pain. Physical examination showed no tenderness and healed scope scars. Left wrist range of motion included flexion 80 degrees and extension 80 degrees. The treatment plan included return to work with restrictions pending review of occupational therapy notes. The patient noted safety concerns as he is a security guard and carries a firearm. On October 5, 2015, utilization review denied a request for additional post op occupational therapy two times a week for six weeks for the left wrist. Documentation from 10/7/15 notes that the patient still has left wrist pain, given pain, one more round of PT visits is recommended. He is considered permanent and stationary. Physical therapy note dated 9/6/15 noted that the patient was attending his 6th visit. The patient had been instructed on a home exercise program. Pain rating with activity is noted as a 2. There is note of minimal to no change in his wrist range of motion over the last month. There has been some

improvement in strength. Plan is to hold until further input from MD. "Pt has met most goals of therapy, and has plateaued with others."

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op occupational therapy 2 times a week for 6 weeks for the left wrist:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The patient is a 24 year old male who had undergone left wrist arthroscopy with synovectomy and extensive debridement on 7/7/15. Based on the medical records provided for this review, there is insufficient documentation to warrant further formal physical therapy. The most recent physical therapy visit dated 9/6/15 noted that the patient had met most of his therapeutic goals and had plateaued in other areas. His pain is only reported as a 2 with activity. Thus, it is unclear that further formal physical therapy would be expected to provide greater improvement. The physician notes do not provide additional evidence that would warrant further therapy other than continuation of a home exercise program. From page 22, postsurgical treatment guidelines: Synovitis and tenosynovitis (ICD9 727.0): Postsurgical treatment: 14 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months. Therefore, further formal physical therapy is not medically necessary.