

Case Number:	CM15-0054087		
Date Assigned:	03/27/2015	Date of Injury:	09/20/2006
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/23/2015

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 31 year old male who sustained an industrial injury on 09/20/06. Initial complaints and diagnoses are not available. Treatments to date include medications, left extensor carpi ulnaris tendon repair, and physical therapy. Diagnostic studies are not discussed. Current complaints are left wrist pain. In a progress note dated 10/13/14 the treating provider reports the plan of care as left wrist extensor carpi ulnaris tendon stabilization surgery. The request is for postoperative occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Occupational therapy for the left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The claimant sustained a work-related injury in September 2006 and has undergone multiple left wrist surgeries. The requesting provider documents planned surgery of

left wrist extensor carping ulnaris tendon stabilization and is requesting postoperative occupational therapy. In terms of therapy after the planned procedure, post surgical guidelines recommend up to 18 treatment sessions over four months with a post operative treatment period of six months. In this case, the request is within the guideline recommendation and therefore is medically necessary.