

Case Number:	CM15-0080722		
Date Assigned:	05/01/2015	Date of Injury:	09/26/2013
Decision Date:	06/01/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	04/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old female sustained an industrial injury to the wrist on 9/26/13. Previous treatment included magnetic resonance imaging, left wrist arthroscopy with ganglion cyst removal (12/9/14), physical therapy and medications. In an occupational therapy progress report dated 4/6/15, the injured worker complained of limitations to use of the left hand with occasional tingling and numbness and current pain 3/10 on the visual analog scale and worse pain 8/10. The injured worker reported difficulty completing activities of daily living including heavy household chores, opening jars, cooking meals, doing buttons and opening doors. Current diagnoses included wrist sprain/strain. The treatment plan included driving/lifting gloves for return to work duties as a Bart train driver and continuing current plan of care. On 4/17/15, an order was written to continue therapy once per week for eight more weeks (six additional sessions) combined with home exercise program with the goal of therapy being to improve strength and endurance and to prepare the injured worker to return to work in 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional visits of occupational therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG- wrist pain and pg 28.

Decision rationale: According to the guidelines, post-op therapy for ganglion cyst removal allows for 18 visits over 6 weeks. In this case, the claimant had completed 10 sessions after surgery in 12/2014. It is now 3 months post-op. The request for 6 more sessions. The claimant still has restrictions wrist use. There is no indication that the claimant cannot perform additional therapy at home since it is beyond 6 weeks post-op. The MTUS guidelines, recommend therapy to be done in a fading frequency with additional sessions to be completed in a home based program. As a result, the request for 6 more OT sessions is not medically necessary.