

Case Number:	CM15-0087278		
Date Assigned:	05/11/2015	Date of Injury:	09/11/2013
Decision Date:	06/10/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/06/2015

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:

The injured worker is a 31-year-old female, who sustained an industrial injury on 09/11/2013. She has reported subsequent right wrist pain and was diagnosed with right wrist sprain, pisotriquetral arthritis of the right wrist and ganglion cyst of the tendon sheath left middle finger. Treatment to date has included oral pain medication, surgery and post-operative occupational therapy. In a progress note dated 01/28/2015, the injured worker was status post arthroscopic debridement of the right wrist and pisiform excision and reported a marked reduction in preoperative symptoms. Objective findings were notable for mild swelling and tenderness at the surgical site, decreased right grip strength and a small pinpoint cyst at the digital flexion crease base of the left middle finger consistent with a ganglion cyst. The physician requested authorization for 12 visits of additional occupational therapy for the right wrist 3x/week x 4 weeks was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy 3 x a week for 4 weeks for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the guidelines, up to 18 visits over 6 weeks are recommended for post-surgical therapy for a ganglion cyst. In this case, the claimant had undergone 12 sessions of therapy over 6 weeks prior. In addition, there was no indication that additional therapy cannot be completed at home. The request for an additional 12 sessions of occupational therapy is not medically necessary.