

Case Number:	CM14-0128476		
Date Assigned:	08/15/2014	Date of Injury:	10/28/2013
Decision Date:	10/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Oregon. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 31 year-old male employed by the [REDACTED] who sustained an industrial injury to his right hand and wrist on 10/28/13 when a door snapped into the patient's extended right arm causing the wrist to snap backwards. The patient has come under the care of [REDACTED], MD/orthopedic surgeon, who is treating the patient for status post scapholunate ligament repair. The patient is status post deep pin removal for scapholunate ligament tear. The patient has undergone a 9 month course of treatment for right hand and wrist complaints which has included conservative treatment as well as sip scapholunate ligament repair performed on 12/20/13, subsequent deep pin removal on 2/25/14 and extensive postoperative occupational therapy. Despite the above noted course of treatment, the patient has remained symptomatic and functionally impaired, unable to return to vocational activities. A request is made for an additional course of OT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, 2 times per week for 12 sessions total, for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS Postsurgical Treatment Guidelines, treatment for this surgery includes 20 visits over 8 months. The patient is beyond the 8-month treatment period and has far exceeded the allowed 20 visits. According to the guidelines, "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." This patient is beyond the post-surgical physical medicine period. As such, the request is not medically necessary.