

Case Number:	CM14-0165015		
Date Assigned:	10/10/2014	Date of Injury:	08/29/2012
Decision Date:	11/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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 Spine Surgery and is licensed to practice in New York. 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:

The patient is a 29-year-old male with a date of injury of August 29, 2012. The patient has pain and numbness in both arms and wrists. He had left wrist arthroscopy. The patient also had right wrist arthroscopy. He continues to have issues with the right wrist. He's had postoperative physical therapy. Physical exam shows well-healed scars on the right forearm. There is tenderness to ulnar aspect of the wrist. Is reduced range of wrist motion. Grip strength on the right is diminished secondary grip strength on the left. Dr. recommends further occupational therapy because of weakness. At issue is whether further occupational therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy two times a week for six weeks (qty: 12): Upheld

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) in pain chapter

Decision rationale: MTUS guidelines recommend 16 visits of postoperative therapy over 8 weeks for the treatment of radius and ulnar surgical internal fixation. This patient had ulnar

shortening surgery which is similar to surgical fixation. Internal fixation fracture of the radius and ulnar similar to osteotomy of the ulna which the patient has had. The medical records indicate that this patient has had 16 visits of postoperative therapy. The patient should have been transitioned to a home exercise program at this time. Therefore additional postoperative therapy is not medically necessary based on the type of surgical procedure performed.