

Case Number:	CM14-0184313		
Date Assigned:	11/12/2014	Date of Injury:	02/14/2011
Decision Date:	12/18/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 46-year-old male with date of injury of 02/14/2011. The treating physician's listed diagnoses from 08/05/2014 are:1. Right wrist arthroscopy, debridement, and repair of peripheral triangular fibrocartilage complex tear.2. Right first dorsal compartment release. According to this report, the patient is "doing much better." He reports intermittent pain at a rate of 2/10. His pain has decreased in frequency. The patient reports he can still ulnarly deviate the wrist. He reports sensitivity in the radial aspect of the wrist. Examination of the right wrist showed extension at 65, flexion at 55. Right thumb tip to DPC, 0 cm. Sensation is grossly intact to the dorsal cutaneous branch of the radial nerve on the right. The documents include an EMG from 02/24/2014, MRI of the lumbar spine from 02/21/2014, right wrist arthroscopy from 04/02/2014, x-ray of the lumbar spine from 03/20/2014, AME report from 02/14/2014 and 05/02/2014, occupational therapy reports from 05/20/2014 to 09/15/2014, and progress reports from 01/07/2014 to 09/03/2014. The utilization review denied the request on 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Occupational therapy visits for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with right wrist pain. The patient is status post right wrist arthroscopy from 04/02/2014. The treater is requesting 12 Occupational Therapy Visits for the Right Wrist. The patient's surgery is from 04/02/2014 and is outside post-surgical guidelines. For physical medicine outside post-surgical guidelines, the MTUS page 98 to 99 recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The occupational therapy report, from 05/23/2014, shows that the patient has been "cranky" due to the cast on his right arm. The 06/10/2014 occupational therapy report shows that the patient has tenderness in the ulnar aspect of the wrist. He complains of mild pain at a rate of 2/10. The 08/05/2014 report notes that the patient is doing very well. He reports no numbness on the radial aspect of the wrist. The treater was pleased with the progress thus far and the patient's range of motion has improved. He is expected to reach maximum medical improvement with future medical care on the next visit. The 10/07/2014 report notes that the patient is preparing for lumbar fusion for 10/08/2014. He is highly symptomatic with back and lower extremity complaints. The treater is requesting additional occupational therapy for the right wrist; however, there is no discussion as to why it is needed. The record show that the patient has received about 24 occupational therapy visits from 05/20/2014 to 09/15/2014. The most recent report, from 08/05/2014 shows that the patient is doing well and reports no numbness on the radial aspect of the wrist. The patient's range of motion has also improved. The patient should now be able to transition into a self-directed home exercise program to improve range of motion, strength, and flexibility. The request is not medically necessary.