

Case Number:	CM14-0043648		
Date Assigned:	07/02/2014	Date of Injury:	12/14/2011
Decision Date:	10/13/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/10/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 54 year-old individual was reportedly injured on December 14, 2011. The mechanism of injury is noted as operating a steering wheel of a vehicle resulting in a left wrist injury. The most recent progress note, dated December 13, 2013, indicates that there are ongoing complaints of distal upper extremity pain. The physical examination demonstrated numbness and tingling in the distal right upper extremity. The surgical intervention for the cubital tunnel syndrome was planned. Diagnostic imaging studies objectified bone marrow edema affecting the proximal lunate and scaphoid. Electrodiagnostic assessment identified a median neuropathy at the wrist. Previous treatment includes multiple medications, conservative care, surgical intervention and pain management interventions. A request had been made for physical medicine and was not certified in the pre-authorization process on March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Occupational Therapy 12 visits for the Left Wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist & Hand physical / Occupational Therapy Updated August 2014

Decision rationale: When noting the reported mechanism of injury of operating a steering wheel, noting the multiple complaints, and that the most recent progress note is dated December 13, 2013; there is insufficient clinical evidence to suggest the need for occupational therapy or physical medicine intervention. Therefore; this is not clinically indicated.