

Case Number:	CM14-0210728		
Date Assigned:	12/23/2014	Date of Injury:	11/28/2012
Decision Date:	02/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 41 year old female with an injury date of 11/28/12. Based on the 11/26/14 progress report provided by treating physician, the patient complains of ongoing stiffness and pain at the volar right wrist, describes recent increased pain and swelling around the right long finger. Patient is status post excision of right volar ganglion cyst on 05/15/14. Physical examination dated 11/26/14 notes well healed surgical incisions on the volar right wrist, tenderness to palpation to the volar right wrist and palmar aspect of hand. Range of motion for the right wrist is noted to be 60 degrees for active dorsiflexion, 75 degrees for palmar flexion. Patient is not currently taking medication. Diagnostic imaging included pre-operative MRI without contrast of the right wrist dated 03/07/14, significant findings include:" Mild dorsal subluxation of the distal ulna in relation to the distal radius... Minimal edema surrounding the extensor capi ulnaris... well circumscribed cystic lesion immediately volar and lateral to the scaphoid measuring 0.9 x 0.7cm." No records of PT/OT therapy were included with the reports, although denial letter dated 12/08/14 indicates that patient has received 20 OT sessions directed at this complaint to date. Patient is currently prescribed light work duty. Diagnosis 11/26/14- Osteoarthritis localized, primary shoulder- Lateral epicondylitis- Tenosynovitis of hand and wrist- Ganglion NOS- Forearm pain. The utilization review determination being challenged is dated 12/08/14. The rationale is "Patient is more than 6 months status post excision of a volar cyst/ganglion right wrist. Patient has completed 20 sessions of occupational hand therapy and has some pain with NORMAL range of motion. This patient should have transitioned to an

independent home exercise program." Treatment reports were provided from 05/16/14 to 11/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational hand therapy for the right wrist and forearm; 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, & Hand Page(s): 18-20.

Decision rationale: The patient presents with ongoing stiffness and pain at the volar right wrist, describes recent increased pain and swelling around the right long finger. Patient is status post excision of right volar ganglion cyst on 05/15/14. The request is for **ADDITIONAL OCCUPATIONAL HAND THERAPY FOR THE RIGHT WRIST AND FOREARM 2 TIMES A WEEK FOR 4 WEEKS**. Physical examination dated 11/26/14 notes well healed surgical incisions on the volar right wrist, tenderness to palpation to the volar right wrist and palmar aspect of hand. Range of motion for the right wrist is noted to be 60 degrees for active dorsiflexion, 75 degrees for palmar flexion. Patient is not currently taking medication. Diagnostic imaging included pre-operative MRI without contrast of the right wrist dated 03/07/14. No records of PT/OT therapy were included with the reports, although denial letter dated 12/08/14 indicates that patient has received 20 OT sessions directed at this complaint to date. MTUS Post-surgical Treatment Guidelines, under Ganglion and cyst of synovium, tendon, or bursa states: "Post-surgical physical medicine is rarely needed for ganglionectomy." The treater does not report on the patient's progress and why additional therapy is needed other than for continued stiffness. Physical examinations report range of motion values which are within normal limits, so no demonstrable decrease of function is presented. Furthermore, denial letter dated 12/08/14 indicates that the patient has already had 20 sessions of OT directed at this complaint, despite the fact that MTUS guidelines do not support the use of OT post-operatively for ganglionectomy. Therefore, this request IS NOT medically necessary.