

Case Number:	CM15-0069176		
Date Assigned:	04/16/2015	Date of Injury:	01/03/2012
Decision Date:	05/18/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 48 year old male patient, who sustained an industrial injury on 1/3/12. The diagnoses have included elbow pain; hand pain and backache not otherwise specified. He sustained the injury due to a fall. Per the doctor's note dated 3/30/2015, he had complaints of left wrist pain. The physical examination of the left wrist revealed mild tenderness at surgical site, no recurrence of ganglion and intact neurovascular examination. The medications list includes norco and diclofenac. He has undergone right wrist dorsal ganglion excision on 12/4/2014. He has had 12 post operative occupational therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy for the left wrist, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: Request: Occupational Therapy for the left wrist, twice a week for six weeks Post-Surgical Treatment Guidelines Post Surgical Rehabilitation (8 CCR 9792.24. 3), Forearm, Wrist, & Hand Special Consideration: Postsurgical physical medicine is rarely needed for ganglionectomy. Per the MTUS post-surgical guidelines "Postsurgical physical medicine is rarely needed for ganglionectomy." Per the records provided patient has already had 12 post op physical therapy visits for this surgery. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. Per MTUS post-surgical guidelines, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." There is no evidence of ongoing significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visits notes are not specified in the records provided. In addition per the cited guidelines "Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." In addition, significant functional deficits that would require additional visits are not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Occupational Therapy for the left wrist, twice a week for six weeks is not fully established for this patient at this time.