

<b>Case Number:</b>	CM15-0069538		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 53-year-old female who sustained an industrial injury on 1/22/10. The injured worker reported symptoms in the left wrist. The injured worker was diagnosed as having De Quervain's tenosynovitis left wrist. Treatments to date have included splinting, status post release of left first dorsal compartment and excisional arthroplasty left trapezium (2/25/15). Currently, the injured worker complains of left wrist discomfort. The plan of care was for diagnostics, occupational therapy, a splint and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient exam:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 325.

**Decision rationale:** Per MTUS Guidelines, patients with potentially work-related forearm, wrist, and hand complaints should have follow-up every three to five days by a midlevel practitioner, or by a physical or hand therapist who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. Take care to answer questions and make these sessions interactive so that the patient is duly involved in his or her recovery. If the patient has returned to work, these interactions may be done on site or by telephone, to avoid interfering with modified- or full-work activities. Physician follow-up can occur when the patient needs a release to modified, increased, or full duty, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working. It is appropriate that this patient would receive a post-surgical follow-up with a physician. The request for outpatient exam is determined to be medically necessary.

**X-ray (unspecified location):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268, 270, 272.

**Decision rationale:** The MTUS Guidelines do not recommend the use of special studies in most patients with true hand and wrist problems until a four to six week period of conservative care and observation, with the exception of red flag conditions. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggests specific disorders. The routine use of radiography for evaluation of forearm, wrist and hand disorders is not recommended. The current request does not provide a location or rationale for the requested x-ray. The request for X-ray (unspecified location) is determined to not be medically necessary.

**Occupational therapy (OT):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

**Decision rationale:** Per MTUS Guidelines, Occupational Therapy is to be used after surgery and amputation. During immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early occupational therapy, and of a lack of differences in outcome between supervised and unsupervised exercises. Post-immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention. There was weak evidence of a short-term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. There was weak evidence of better short-term hand function in patients given therapy than in those given instructions for home exercises by a surgeon. While it appears that the injured worker meets the guidelines for post-surgical occupational therapy, this request does not mention the number or duration of treatment to establish medical necessity. The request for Occupational therapy (OT) is determined to not be medically necessary.

**A splint:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 551.

**Decision rationale:** Per the MTUS Guidelines, in general, immobilization of the elbow or wrist should be avoided. An exception is immediately after surgery where brief immobilization may be required. Wrist splinting is sometimes utilized. Some experts believe splinting potentially contributes to elbow pain. When immobilization is utilized, range-of-motion exercises should involve the elbow, wrist, as well as the shoulder, to avoid frozen shoulder (adhesive capsulitis). The injured worker has a recent injury of wrist surgery, however, it is not clear what type of splint is being requested, and a rationale is not provided with the request to establish medical necessity. The request for a splint is determined to not be medically necessary.