

Case Number:	CM13-0047713		
Date Assigned:	12/27/2013	Date of Injury:	08/20/2013
Decision Date:	05/06/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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:

This patient is a 54-year-old female with date of injury of 08/20/2013. Per treating physician's report 10/15/2013, listed diagnosis is right wrist sprain. Subjective complaint is continued pain of the right wrist. The patient started occupational therapy with some improvement. Objective findings described MRI results with ulnar impaction, triangular fibrocartilage tear. The patient wants to continue occupational therapy 2 times a week for 6 weeks. Review of the therapy notes included show 08/29/2013 report indicating 3 times 3, 9 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL OCCUPATIONAL THERAPY SESSIONS, 2 TIMES PER WEEK FOR 6 WEEKS, TO THE RIGHT WRIST AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: This patient presents with wrist injury with persistent pain. There is a request for additional occupational therapy 12 sessions. Review of the reports show that the

patient completed 9 sessions of occupational therapy for the wrist. The patient had an MRI of the wrist from 09/27/2013 that showed ulnar shortening and tear of the TFCC. The patient was being urgently referred to a hand specialist. There is no evidence that the physical therapy was improving this patient's pain. MTUS Guidelines recommends 9 to 10 sessions for myalgia/myositis, neuritis/neuralgia type of condition. This patient has a tear of the TFCC ligament and the patient is being referred to a specialist as there is lack of progress. There does not appear to be a reason to continue occupational therapy until the patient has seen a specialist. The patient has had an adequate trial of occupational therapy for 9 sessions and for this type of condition, MTUS Guidelines recommend up to 10 sessions. Additional sessions may be required depending on specialist consultation but there is no reason to continue physical therapy when there is lack of progress and additional specialty evaluation is required. Recommendation is for denial.