MAXIMUS Federal Services

Case Number:	CM13-0054733		
Date Assigned:	12/30/2013	Date of Injury:	10/16/2012
Decision Date:	03/24/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 patient sustained an injury on 10/16/2012 when the she went onto a curb and fell backwards on her outstretched hands and injured the left wrist. Prior treatment included occupational therapy 26 sessions. The patient underwent left wrist arthroscopy and extensive debridement and excision of central TFCC tear and repair of peripheral TFCC tear on 04/17/2013. An MRI scan of the left wrist dated 01/30/2013 showed there was a heterogeneity consistent with minimal fraying affecting the central portion of the triangular fibrocartilage complex proximally. No full thickness. TFCC tear was evident. There was a moderate to large amount of fluid/synovitis evident within the distal radioulnar joint. Tenosynovitis affected the 2nd, 3rd and 4th extensor compartments. There was a healed distal radial fracture with anatomic alignment. Radiology report of chest dated 04/17/2013 showed that mild prominence of the bronchovascular interstitium was most likely chronic in nature. No acute infiltrates were identified in the lungs. No pneumothorax. The trachea was in the midline. No acute osseous abnormalities were identified. An EMG/NCS report dated 04/23/2013 demonstrated moderate right carpal tunnel syndrome affecting sensory and motor components without denervation. On 10/17/2013, an electrodiagnostic study report revealed an abnormal study of the left upper limb; borderline/mild left median mononeuropathy across the wrist (consistent with carpal tunnel syndrome) involving only the sensory nerves. There was no evidence of axonal loss; no electrodiagnostic evidence of ulnar or radial neuropathy and no electrodiagnostic evidence of cervical radiculopathy. A clinic note dated 10/29/2013 indicates she reported left wrist and thumb pain and was using Dynasplint. On exam, grip strength on the right wrist was 74/75/70 pounds; on the left was 29/30/34 pounds. Wrist extension on the left was 70 degrees and on the right was 85 degrees, wrist flexion on the left was 75 degrees and on the right was 85 degrees. There was left thumb CMC joint tenderness with a positive piano key sign. Negative for Tinel's, but a positive direct

compression Phalen's bilateral median nerves. Treatment plan was strengthening exercises with OT and work conditioning on the left side since she was still weak with less than half the grip strength on the contralateral side. The current review is for post operative occupational therapy 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for post-operative occupational therapy 2 x per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: As per the records submitted, this patient completed at least 26 sessions of postoperative occupational therapy. 30 were authorized. The guidelines allow for 14 sessions of postoperative occupational therapy. History and examination findings do not support additional occupational therapy sessions in excess of guideline recommendations. Therefore, additional occupational therapy is noncertified.