

Case Number:	CM13-0063832		
Date Assigned:	12/30/2013	Date of Injury:	09/20/2006
Decision Date:	05/22/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/10/2013

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 Orthopedic Surgery 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 sustained an industrial injury on 9/20/06. He is status post left wrist diagnostic arthroscopy on 9/4/07, left wrist endoscopy on 2/22/11, removal of left scapholunate joint pin on 6/28/11, four-corner fusion with autograft from the scaphoid left wrist and excision of the left scaphoid on 8/14/12, and tenolysis left extensor pollicis longus tendon and hardware removal on 3/19/13. The 8/28/13 left upper extremity MRI findings documented a full thickness perforation of the TFCC centrally, and status post scaphoidectomy and four corner arthrodesis with partial osseous union dorsally. The 10/11/13 AP report cited continued left ulnar-sided wrist pain and MRI findings of full thickness TFCC tear. Physical examination documented focal tenderness to palpation over the ulnar fovea of the left wrist and pain with extreme ulnar deviation. The patient had been refractory to non-operative measures including injection, bracing, and therapy. Left wrist arthroscopy with debridement of the full thickness central TFCC tear was requested with 12 post-operative therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) POST-OPERATIVE OCCUPATIONAL THERAPY VISITS: 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): 22.

Decision rationale: Under consideration is a request for 12 post-operative occupational therapy visits. The California Post-Surgical Treatment Guidelines for surgical treatment of TFCC injuries - arthroscopic debridement suggest a general course of 10 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 5 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. Records suggest that the surgical request has not been certified. This request for post-operative OT exceeds guideline recommendations for initial treatment. Therefore, this request for 12 post-operative occupational therapy visits is not medically necessary.