

Case Number:	CM13-0066906		
Date Assigned:	01/03/2014	Date of Injury:	09/28/2011
Decision Date:	05/19/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/17/2013

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 Sports Medicine, and is licensed to practice in Texas. 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:

The injured worker is a 49-year-old male who reported an injury on 9/28/11. The mechanism of injury was not provided in the medical records. The injured worker underwent debridement of lunotriquetral ligament tear and triangular fibrocartilage complex tear, thermal shrinkage of scapholunate ligament, dorsoulnar capsule tear, and lunotriquetral pinning on 7/29/13. The 11/5/13 clinic note reported that the injured worker's hand was getting better, but was still stiff and painful to twist. The injured worker complained of pain along the ulnar side of the wrist. On examination, he had volar flexion of 30 degrees and dorsiflexion 45 degrees with right grip force described as 9/13/15. He was recommended to continue wearing a brace, do further physical therapy for motion and strengthening, and have modified activity, including no heavy gripping, grasping, or lifting greater than 3 pounds with the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS recommends 16 visits of physical therapy for the postsurgical treatment of a triangular fibrocartilage complex tear. The documentation submitted indicates that the injured worker had improvements from physical therapy with remaining deficits; however, the number of sessions completed and outcomes from those sessions were not provided. There are no objective and subjective measurements for pain and functional improvement on an accepted scale and, therefore, efficacy cannot be determined. The lack of documentation does not support the need for additional physical therapy at this time. As such, the request is not medically necessary.