

Case Number:	CM13-0068615		
Date Assigned:	01/03/2014	Date of Injury:	06/08/2010
Decision Date:	06/09/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/19/2013

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 Surger has a subspecialty in Hand Surgery and is licensed to practice in Georgia and 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 reported an injury on 06/08/2010. The mechanism of injury was the injured worker fell downstairs on a client's premises, landing in a kneeling position and twisted her right ankle and landed on her right wrist. The injured worker had a TFCC tear and underwent an arthroscopy debridement of the right wrist on 09/20/2013. The injured worker was certified for 17 occupational therapy sessions. The documentation of 11/06/2013 revealed the injured worker had attended 16 visits. The right grip strength was 15, palmar pinch was 7, and lateral pinch was 6 kilograms. The documentation of 11/13/2013 revealed the injured worker had mild to moderate tenderness at the dorsal scapholunate interval with fullness suggestive of probable synovitis. The injured worker had full range of motion of digits of the right hand and wrist. There was no instability. The grip strength was 15 kilograms on the right and 45 kilograms on the left. The treatment plan was to continue physical therapy. The diagnosis was status post right arthroscopic scapholunate debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY, 12 SESSIONS 3 X PER WEEK FOR 4 WEEKS, 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 Postsurgical Treatment Guidelines indicate the postsurgical treatment for a TFCC reconstruction is 16 visits. The clinical documentation submitted for review indicated the injured worker had undergone 16 sessions and had 17 authorized. There was lack of documentation of objective functional deficits that remain to support a necessity for 12 additional sessions. This request would exceed guideline recommendations. There was lack of documentation indicating the objective functional benefit received from the therapy and remaining functional deficits. Therefore, the request for occupational therapy 12 sessions, 3 times a week for 4 weeks to the right wrist is not medically necessary and appropriate.