

Case Number:	CM14-0130868		
Date Assigned:	08/20/2014	Date of Injury:	03/13/2014
Decision Date:	09/24/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family 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 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 patient is a 41 year old male who has submitted a claim for right wrist joint pain, and right triangular fibrocartilage complex tear associated with an industrial injury date of 3/13/2014. Medical records from 2014 were reviewed. Patient complained of right wrist pain. Physical examination of the right wrist showed tenderness and decreased range of motion. Swelling, effusion, and crepitus were absent. Sensation was intact. MRI of the right wrist demonstrated possible triangular fibrocartilage complex tear of the ulnar styloid. There was triquetral avulsion fracture which may indicate chronic nonunion. CT scan of the right wrist, dated 4/3/14, revealed small triquetral avulsion fracture. X-ray of the right wrist, dated 3/13/2014, revealed bone density over the dorsal aspect of triquetrum. Goals of therapy included to reduce pain and swelling, to increase range of motion, and to increase functional grip. Treatment to date has included one session of occupational therapy, use of a wrist brace, activity restrictions, and medications. Utilization review from 8/7/2014 modified the request for Eight Occupational Therapy Visits for Right Wrist into 5 visits because patient was only able to attend one session previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Occupational Therapy Visits for Right Wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Forearm, Wrist, and Hand (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Section, Physical Therapy.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG recommends 8 therapy visits over 10 weeks for fracture of carpal bone. In this case, diagnoses include right triangular fibrocartilage complex tear, and triquetral avulsion fracture via MRI. Patient was only able to attend one session of occupational therapy in the past. There was persistence of right wrist pain corroborated by tenderness and restricted range of motion. The medical necessity for re-enrollment to occupational therapy has been established. The requested number of therapy sessions is within guideline recommendation. Therefore, the request for Eight Occupational Therapy Visits for Right Wrist is medically necessary.