

Case Number:	CM14-0132242		
Date Assigned:	08/22/2014	Date of Injury:	02/12/2010
Decision Date:	09/18/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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 Orthopaedic 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 44-year-old female sustained an industrial injury on 2/12/10. The mechanism of injury was not documented. The patient was status post C5/6 anterior cervical discectomy and fusion on 7/30/13. The 1/17/14 left wrist MRI findings were consistent with chronic wear of the triangular fibrocartilage complex (TFCC), fraying of the ulnar attachments of the TFCC, extensor carpi ulnaris (ECU) tendinopathy, and inflammation of the ECU, first dorsal compartment, and floor of the carpal tunnel. The 4/11/14 electrodiagnostic study was reported normal relative to the left median and ulnar nerves. The 6/10/14 treating physician progress report cited persistent left wrist pain with numbness and tingling into the thumb and small finger. Pinching activities were particularly painful. Objective findings documented TFCC tenderness, painful ulnar deviation and TFCC loading, discomfort with TFCC palpation, first dorsal compartment tenderness, and positive carpal tunnel compression, Phalen's, and Finkelstein's tests. The diagnosis was left TFCC wear, cyst along the dorsoulnar head, rule-out ulnocarpal impaction syndrome, left deQuervain's tenosynovitis, and rule-out left carpal tunnel syndrome. The patient had received appropriate conservative treatment with persistent symptoms and inability to return to work. Surgery was recommended to include wrist arthroscopy, TFCC debridement, possible first dorsal compartment release, and possible ulnar shortening osteotomy. The 7/28/14 utilization review noted approval of the requested left wrist surgery and modified the request for 8 post-op occupational therapy visits to an initial course of 6 visits consistent with the post-surgical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Occupational Therapy 2xwk X 4wks Left Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21-22.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for arthroscopic triangular fibrocartilage complex debridement suggest a general course of 10 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. Post-op treatment of radial styloid tenosynovitis is supported for up to 14 visits. An initial course of therapy would be supported for one-half the general course or 5 to 7 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. The 7/28/14 utilization review recommended partial certification of 6 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.