

Case Number:	CM14-0043465		
Date Assigned:	07/02/2014	Date of Injury:	05/18/2013
Decision Date:	08/27/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 57-year-old female who reported an injury on 05/18/2013 due to cumulative trauma. Her diagnoses include status post left wrist surgery on 01/24/2014. Her previous treatments included bracing, modified duty, medications, physical therapy, and 6 postoperative physical therapy visits from 02/19/2014 through 03/10/2014. It was noted that she underwent a diagnostic arthroscopy of the left wrist with ulnar shortening and intraoperative block on 01/24/2014. On 02/19/2014, the injured worker presented for physical therapy after her left wrist arthroscopy. Her range of motion was noted to be 80 degrees supination and pronation, 45 degrees extension, 25 degrees flexion, 20 degrees radial deviation and 25 degrees ulnar deviation. Her grip strength was noted to be 50 pounds on the right and 10 pounds on the left. At her sixth visit on 03/10/2014, the injured worker reported that she was able to move her wrist more, but had not had a decrease in her pain level. Her range of motion was noted to be 80 degrees supination, 85 degrees pronation, 70 degrees extension, 45 degrees flexion, 20 degrees radial deviation, and 15 degrees ulnar deviation. A recommendation was made to continue physical therapy 2 times a week for 3 weeks. It was noted that the injured worker had made gains in range of motion, but would continue to progress as tolerated with ongoing therapy. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy 2 x a week for 6 weeks to the left wrist: Upheld

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

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

Decision rationale: According to the California MTUS Postsurgical Guidelines, physical therapy may be supported after surgery for triangular fibrocartilage complex (TFCC) injuries at 10 visits over 10 weeks. The clinical information submitted for review indicated that the injured worker had completed 6 visits, but had no reduction in her pain levels and only mild improvement in range of motion in extension and flexion. However, she made no gains in range of motion in supination, pronation, or radial deviation, and her range of motion had worsened in ulnar deviation. Based on the lack of evidence indicating significant objective improvement with previous treatments, continued physical therapy is not supported. In addition, the request for visits 2 times a week for 6 weeks in addition to the 6 visits completed previously would exceed the guideline recommendations for total of 10 visits following surgery for TFCC injuries. Based on the above, the request for additional occupational therapy 2 x a week for 6 weeks to the left wrist is not medically necessary and appropriate.