

Case Number:	CM14-0073413		
Date Assigned:	07/18/2014	Date of Injury:	09/04/2012
Decision Date:	09/12/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/20/2014

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 Internal 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 an injured worker with left wrist conditions. Date of injury was 09-04-2012. Secondary treating physician's progress report dated April 30, 2014 was provided by orthopedic hand surgeon [REDACTED]. The patient is 6 months status post surgery. Patient has improved range of motion. She is relatively pain-free at this point. She has thumb pain with changes in humidity such as when it rains but this is very short-lived. Otherwise at rest and with motion she is pain-free and she is very pleased with outcome. Physical examination findings included wrist flexion on the left 65, wrist extension on the left 75, negative scapholunate interval tenderness, negative Watson's test, left thumb tip to distal palmar crease less than 1 cm. Diagnoses were status post left wrist arthroscopy, debridement, thermal shrinkage scapholunate ligament partial tear, excision of central triangular fibrocartilage complex tear; and status post left 1st dorsal compartment release. Patient is doing very well. She is very functional at this point. She had excellent range of motion. The patient has reached maximal medical improvement. Occupational orthopedic medical group note dated 05-07-2014 documented that the patient has completed occupational therapy, the patient will be cleared for full work duty, and [REDACTED] feels that this patient needs no additional occupational therapy. Utilization determination dated 04-21-2014 noted that the patient completed 24 visits of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OPERATIVE OCCUPATIONAL THERAPY 2X6 FOR THE LEFT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Occupational therapy (OT) Physical Medicine Page(s): 74, Postsurgical Treatment Guidelines
Page(s): 18-22 98-99.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational therapy (OT), physical therapy (PT), and physical medicine. Postsurgical Treatment Guidelines state that for triangular fibrocartilage complex TFCC injuries, 10 visits over 10 weeks is recommended with a 4 month postsurgical physical medicine treatment period. The orthopedic surgeon's progress report dated April 30, 2014 documented that the patient was 6 months status post surgery. Diagnoses were status post left wrist arthroscopy, debridement, thermal shrinkage scapholunate ligament partial tear, excision of central triangular fibrocartilage complex tear, and status post left 1st dorsal compartment release. Patient was doing very well. She was relatively pain-free. She was very functional. She had excellent range of motion. The patient had reached maximal medical improvement. Utilization determination dated 04-21-2014 noted that the patient completed 24 visits of post-operative physical therapy. The occupational orthopedic medical group note dated 05-07-2014 documented that the patient had completed occupational therapy. The patient will be cleared for full work duty. The patient's orthopedic surgeon felt that the patient needed no additional occupational therapy. The medical records document that the patient was 6 months status post wrist surgery and completed 24 visits of post-surgical physical therapy. The patient's orthopedic surgeon felt that the patient needed no additional occupational therapy. The medical records indicated that additional occupational therapy was not medically necessary. Therefore, the request for Additional Post-Operative Occupational Therapy 2x6 for the Left Wrist is not medically necessary.