MAXIMUS Federal Services

Case Number:	CM14-0012240		
Date Assigned:	02/21/2014	Date of Injury:	01/08/2013
Decision Date:	09/04/2015	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 56-year-old female who sustained an industrial injury on 1/8/13. Injury occurred when she was using a wrench to open a pipe. Treatment had included sixth dorsal compartment release, splinting, hand therapy, medications, TENS unit, and injection. The 5/20/13 right wrist MRI revealed a small focal articular osteochondral defect at the radial foves. There was tendinopathy, intrasubstance demyelination stripping/tearing of the extensor carpi ulnaris. There was a tear of the meniscal homolog of the triangular fibrocartilage complex (TFCC), and significant negative ulnar variance. The 12/11/13 treating physician report cited persistent right ulnar wrist pain. She had undergone 6th dorsal compartment release with some improvement in the proximal symptoms but the ulnar wrist remained painful. She received an injection with only brief temporary improvement. She had failed conservative treatment including splinting, hand therapy, and injection. Authorization was requested for right wrist TFCC debridement and post-op occupational therapy 3 times a week for 4 weeks. The 1/16/14 utilization review certified the request for right wrist surgery and modified the request for occupational therapy from 12 visits to 8 initial visits consistent with 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 3x a week for 4 weeks: 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: The California Post-Surgical Treatment Guidelines for surgical treatment of TFCC injuries-debridement suggest a general course of 10 post-operative physical medicine visits over 10 weeks, during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 5 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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 period. This request for post-op occupational therapy exceeds the general course of care recommendations for the TFCC debridement surgery certified. The 1/16/14 utilization review partially certified an initial 8 visits of occupational therapy which is within guideline recommendations. There is no compelling rationale presented to support additional certification at this time. Therefore, this request is not medically necessary.