

Case Number:	CM14-0187221		
Date Assigned:	11/17/2014	Date of Injury:	09/24/2013
Decision Date:	01/05/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/10/2014

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 Orthopedic Surgeon, has a subspecialty in Fellowship Trained in Hand Surgery 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 23-year-old female with a reported injury on 09/24/2013. The injury reportedly occurred while working as a server and she felt a popping sensation in the wrist. The injured worker's diagnoses included status post left triangular fibrocartilage complex debridement, wafer procedure, and sixth compartment release. The injured worker's past treatments included 11 visits of hand therapy and a home exercise program. The injured worker's diagnostic testing included MR arthrography, the dates and results of which were not provided. The injured worker's surgical history is reflected in the diagnoses. The only postsurgical evaluation provided was from a hand therapy progress report dated 10/06/2014 which indicated the patient had completed 11 out of 12 treatments. Active range of motion was measured at 80 degrees of supination, 67 degrees of pronation, 78 degrees of wrist flexion, 63 degrees of wrist extension, 10 degrees of radial deviation, and 43 degrees of ulnar deviation. She was able to close her fist 100%. Left strength was measured at 27 pounds of gross grasp, 8.5 pounds of 3 point pinch, and 11 pounds of lateral pinch compared to the right measurements of 72 pounds of gross grasp, 11 pounds of 3 point pinch, and 15 pounds of lateral pinch. The patient reported 0/10 pain at rest and 4-5/10 pain with use. She reported her pain was at the ulnar wrist and dorsum of the third, fourth, and fifth metacarpals. The patient denied numbness or paresthesias. No medication list was provided. The request was for occupational therapy 2 times a week for 3 weeks for the left wrist. The rationale for the request was to emphasize active and passive range of motion and progressive strengthening as tolerated. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 3 weeks for 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: The request for Occupational therapy 2 times a week for 3 weeks for the left wrist is not medically necessary. The injured worker made significant progress in the first 11 treatments of occupational therapy. The California MTUS Postsurgical Treatment Guidelines recommend 10 postsurgical treatments in the amount of 10 visits over 10 weeks for triangular fibrocartilage complex debridement. At the time of the request, the patient had completed 11 of 12 visits and a modification for an additional 4 visits was approved on 10/30/2014. The request for Occupational therapy 2 times a week for 3 weeks for the left wrist exceeds the guideline recommendations. When there is a request for significantly more therapy than typically recommended, there should be a justification from the physician regarding why this is needed in excess of the typical amount recommended by the guidelines. There is currently no documentation from the physician as to why this therapy is needed. Therefore, the request for occupational therapy 2 times a week for 3 weeks for the left wrist is not medically necessary.