

Case Number:	CM14-0189518		
Date Assigned:	11/20/2014	Date of Injury:	01/24/2012
Decision Date:	02/03/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational 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 a 42 year-old female with date of injury 01/24/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/06/2014, lists subjective complaints as pain in the right wrist. The patient is status post right wrist arthroscopy on 06/10/2014. Objective findings: Examination of the right wrist revealed swelling and tenderness over the area of the triangular fibrocartilage complex on either side of the extensor carpi ulnaris tendon, increased with ulnar deviation stress. There was no tenderness noted over the remainder of the wrist, hand, fingers or thumb, forearm, elbow, arm or shoulder. Range of motion for the wrist was dorsiflexion 50 degrees and palmarflexion 55 degrees. Sensory examination was within normal limits. Diagnosis includes right medial epicondylitis, right cubital tunnel syndrome, and status post right wrist arthroscopic debridement TFCC. The patient has completed 10 post-operative physical therapy sessions for the right wrist to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy x 8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelins

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

Decision rationale: The Post-Surgical Treatment Guidelines were referenced and the procedure most closely associated with a TFCC repair is a PIP and MCP collateral ligament reconstruction. According to those guidelines, the patient has entitled to the following: Postsurgical treatment: 18 visits over 4 months; and postsurgical physical medicine treatment period: 6 months. The patient has received only 10 visits of physical therapy; therefore, this request is medically necessary.