

Case Number:	CM14-0198418		
Date Assigned:	12/08/2014	Date of Injury:	08/26/2013
Decision Date:	01/26/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/25/2014

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 Emergency Medicine and is licensed to practice in New York. 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:

This 37 year old female was injured on 8/26/13. The mechanism of injury was not documented. The injured worker received a wrist injection (no date indicated) and experienced increased pain since the injection mostly in the ulnar aspect. The physical exam (5/7/14) indicated tenderness on the ulnar aspect right wrist including the triangular fibrocartilage complex (TFCC) and ulnar collateral ligament region. Diagnosis was right ulnar wrist pain, ligament strain/ tear and possible TFCC injury. There was documentation that she had failed conservative treatment with activity modification, splinting, therapy and corticosteroid injection. MRI of the wrist (no date) showed probable ligament strain/ tear along the ulnar aspect. On 7/18/14 she underwent a right wrist arthroscopy with partial synovectomy and right wrist TFCC repair. As of 9/22/14 (10 weeks post op) she exhibited some pain and stiffness in her right wrist. She wore a brace at night. She was doing home exercise and had improved motion and less dorsal hypersensitivity. Range of motion of the right wrist was decreased. Physical therapy was recommended to increase strength and range of motion. She was not working but was to return to work on modified duty with limitations to include no heavy, forceful or repetitive use of the right hand with maximal lifting of 5 pounds. On 11/13/14 Utilization Review non-certified a request for occupational therapy 2 x 6 based on guideline criteria not being met. Per Utilization Review the injured worker had completed 6 of 12 sessions of therapy. Exam revealed extension 50, flexion 40, pronation 70 and supination 70. There was mild tenderness dorsal central and dorsal radial wrist over the tendons. Additional therapy would not be indicated until all previous sessions were completed with documentation of functional improvement. MTUS Postsurgical Treatment (TFCC reconstruction) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the right wrist, twice weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient underwent right wrist arthroscopy for TFCC repair and partial synovectomy on July 18, 2014. The postsurgical treatment for physical medicine for TFCC injuries/debridement is 10 visits over 10 weeks with postsurgical physical medicine treatment period of 4 months. In this case the patient had completed 6 visits of approved for 12 physical medicine visits. There were additional visits to complete. The number of prior authorized visits surpasses the number approved for post-surgical period. Request for 12 additional occupational therapy visits is not indicated. The request should not be authorized.