

Case Number:	CM15-0142922		
Date Assigned:	08/03/2015	Date of Injury:	04/18/2014
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female, who sustained an industrial injury on 4-18-14 Initial complaint was of a pain on the medial side of the right wrist. The injured worker was diagnosed as having pain in joint, forearm; articular cartilage disorder forearm. Treatment to date has included hand therapy; right wrist steroid injection (10-28-14); status post right wrist arthroscopy, debridement repair of longitudinal split ulnotriquetral ligament tear and open ulnar shortening osteotomy (3-3-15); physical therapy; medications. Diagnostics studies included MRI right wrist (7-7-14). Currently, the PR-2 notes dated 3-17-15 indicated the injured worker is a status post right wrist triangular fibrocartilage complex tear (TFCC) surgery on 3-3-15. She presents with a soft arm cast and is it in a wrap and sling. She complains of significant right wrist pain although the pain is different. She was given Oxycodone post-surgery but otherwise, the provider notes, she has been on ibuprofen and Tramadol prior to surgery for pain. on physical examination the provider documents the right arm is still bundled in a soft tissue sling with signs of surgical prep. She reports the arm is extremely painful but the provider indicates he is not going to take the arm out of the sling. There is no sign of neurological loss into to her fingers. She reports that she has swelling of her fingers and he discussed that this is not uncommon postoperatively. She has normal sensation to pinprick, light touch and proprioception in all dermatomes with no evidence of weakness. A MRI right wrist impression on 7-7-14 was of a partial Right wrist triangular fibrocartilage complex tear (TFCC). There are mild changes of osteoarthritis in the radiocarpal, carpometacarpal joints. A minimal synovial effusion is noted in the radiocarpal, intercarpal and carpometacarpal joints with mild subcutaneous edema around the

wrist joint. He discussed that when her current prescription runs out, no further prescription for the Oxycodone by this provider or the surgeon. She is unable to take NSAIDs due to her systemic lupus erythematosus and he will try her on Tramadol 50mg one tablet four times daily. She is eager to follow the program and can hopefully move forward with positive results of her right arm. The provider is requesting authorization of Occupational therapy 2x week x 4 weeks for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2x week x 4 weeks for the right wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapy, pages 98-99.

Decision rationale: The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has acute flare-up with clinical findings to support for formal OT, therapy visits is medically appropriate to allow for relief and re-instruction on a home exercise program for this chronic injury. Guidelines allow for visits of therapy with fading of treatment to an independent self-directed home program. Submitted reports have adequately demonstrated the indication to support the therapy to allow for maximal functional benefit and recovery. Medical necessity has been established. The Occupational therapy 2x week x 4 weeks for the right wrist is medically necessary and appropriate.