

Case Number:	CM15-0165339		
Date Assigned:	09/02/2015	Date of Injury:	09/30/2004
Decision Date:	10/15/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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:

The injured worker is a 44-year-old female, with a reported date of injury of 09-30-2004. The diagnoses include bilateral extensor carpi ulnaris and flexor carpi radialis tenosynovitis, right wrist TFCC (triangular fibrocartilage complex) tear, and status post right de Quervain's release and carpal tunnel release (2009). Treatments and evaluation to date have included cortisone injections in both wrists, right wrist surgery in 2009, non-steroidal anti-inflammatory drugs (NSAIDs), bracing, and home exercise program. The diagnostic studies to date have included electrodiagnostic studies on 04-14-2015 which showed evidence of mild bilateral C8-T1 radiculopathy with acute denervation and no evidence of any other focal nerve entrapment or brachial plexopathy in either upper limb. The progress report dated 08-06-2015 indicates that the injured worker complained of bilateral wrist pain, with radiated to her left shoulder and neck. The wrist pain was rated 2 and 5 out of 10. The pain was associated with numbness and tingling in the bilateral thumbs, middle, and ring fingers. The physical examination showed no tenderness over the wrist flexor tendons; negative Tinel's sign over the carpal tunnel; negative Tinel's sign over the Guyon's tunnel; an equivocal Phalen's test; no evidence of intrinsic or thenar weakness or atrophy; no tenderness over the remainder of the hand or wrist, forearm, elbow, arm or shoulder; tenderness over the bilateral wrist ECU (extensor carpi ulnaris) tendons and flexor carpi radialis tendons; tenderness over the area of the triangular fibrocartilage complex on either side of the extensor carpi ulnaris tendon, increased with ulnar deviation stress; and a normal motor and sensory examination of the bilateral upper extremities. The treating physician stated that "The patient has failed conservative treatment, including therapy, injections, bracing and

NSAID's for the right wrist." Surgery was recommended to include a right wrist operative arthroscopy with extensive debridement TFCC with an ulnar head Wafer procedure and open flexor carpi radialis and redo extensor carpi ulnaris tendon sheath release and radical tenosynovectomy under regional block on an outpatient basis. It was noted that the injured worker had not reached Maximum Medical Improvement. She was temporarily partially disabled. The treating physician requested post-operative occupational therapy for the right wrist, two times a week for six weeks. On, Utilization Review (UR) modified the request for post-operative occupational therapy for the right wrist, two times a week for six weeks to eight post-operative occupational therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative occupational therapy 2 x 6 for right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The patient is a 44 year old who was certified for right wrist arthroscopy with TFCC debridement with an ulnar head wafer procedure, FCR and ECU release and tenosynovectomy. Therefore, postoperative physical therapy should be considered medically necessary based on the following guidelines: TFCC injuries-debridement (arthroscopic) [DWC]: Postsurgical treatment: 10 visits over 10 weeks. Postsurgical physical medicine treatment period: 4 months. Thus, 12 postoperative visits would exceed the guidelines and is not medically necessary. In addition, only half the number of total visits should be considered medically necessary for initial treatment.