

Case Number:	CM15-0205512		
Date Assigned:	10/22/2015	Date of Injury:	10/23/2013
Decision Date:	12/03/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/20/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 male sustained an industrial injury on 10-23-13. Documentation indicated that the injured worker was receiving treatment for triangular fibrocartilage complex tear and cubital tunnel syndrome. On 8-12-15, the injured worker underwent left wrist arthroscopy with synovectomy and triangular fibrocartilage complex debridement and repair and left De Quervain's release revision without complication. The injured worker received postoperative occupational therapy, splinting and meds. The number of postoperative therapy sessions was unclear. In a progress note dated 8-27-15, the injured worker complained of "appropriate" postoperative pain. Physical exam was remarkable for well-healed incisions with no evidence of infection. The treatment plan included continuing therapy, home exercise, anti-inflammatories and splinting. In a progress note dated 9-21-15, the physician noted that the injured worker complained of "cubital tunnel symptoms". Physical exam was remarkable for well healed portal sites and incision with no evidence of infection and "mild" limitation on pronation and supination. The treatment plan included discontinuing the splint, an "aggressive" home exercise program and advancing to one-hand work only. On 9-16-15, a request for authorization was submitted for 12 sessions of occupational therapy for the left wrist. On 9-22-15, Utilization Review modified a request for occupational therapy x 12 treatments for the left wrist to occupational therapy x 7 treatments for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy x12 treatments for the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015- Forearm, Wrist and Hand, Post surgical treatment (TFCC reconstruction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy time's 12 treatments to the left wrist is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are TFCC complex tear; and cubital tunnel syndrome. Date of injury is October 23, 2013. Request for authorization is October 16, 2015. The documentation indicates the injured worker underwent left DeQuervain's release July 21, 2014. According to a June 23, 2015 utilization review, the treating provider is appealing the denial of a TFCC reconstruction. According to an August 27, 2015 progress note, the injured worker is status post left wrist TFCC repair. Authorization for the TFCC repair/reconstruction is not present in the medical record. It is unclear whether the injured worker underwent TFCC repair or TFCC reconstruction. It is unclear when the injured worker underwent TFCC repair or TFCC reconstruction. According to a September 21, 2015 progress note, the subjective section includes status post TFCC tear and complaints of cubital tunnel syndrome. Objectively, there is mild limitation of pronation and supination. The injured worker was advised on an aggressive home exercise program. Based on the clinical information in the medical record, peer-reviewed evidence-based guideline and conflicting medical record documentation as to whether and when the injured worker had a TFCC repair/reconstruction or debridement, occupational therapy times 12 treatments to the left wrist is not medically necessary.