

Case Number:	CM15-0020267		
Date Assigned:	02/09/2015	Date of Injury:	11/05/2014
Decision Date:	04/03/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/03/2015

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, Arizona

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 39-year-old male who reported an injury on 11/05/2014. The mechanism of injury was hyperflexion of his left wrist while wrestling with a fellow officer during training. His treatment has included anti-inflammatories, compression, ice, and massage. On 12/17/2014, the injured worker presented with complaints of left wrist and hand pain and weakness. He also reported occasional tingling and numbness. His physical examination revealed normal range of motion and normal sensation. There was also some instability with dorsal laxity, and a positive ulnar grind with tenderness on the dorsal ulnar and ulnar sides of the left wrist. The injured worker's MRI was reviewed, which revealed a partial thickness tear of the volar membranous portion of the scaphoid and a tear of the TFCC. There was also subluxation of the ECU and DRUG injury with dorsal subluxation. Surgery was recommended; however, the injured worker wanted to consider his options. Therefore, a recommendation was made for him to use wrist brace as needed and have therapy for strengthening and stabilization exercises. A Request for Authorization was submitted on 01/06/2015 for therapy 2 times a week for 6 weeks for a diagnosis of TFCC injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy Left Wrist- 2 times per week for 3 weeks, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The previous peer review dated 01/12/2014 indicated that a request for occupational therapy for the left wrist 2 times per week for 6 weeks, for a total of 12 sessions, was modified to occupational therapy for the left wrist 2 times per week for 3 weeks for 6 sessions. According to the California MTUS Guidelines, up to 10 visits of physical therapy is recommended for patients with chronic pain (pain over 30 days post date of injury). Physical therapy is recommended to promote functional improvement and provide instruction in a home exercise program. The injured worker was noted to have significant pain and instability of his left wrist. However, there was no documentation of objective range of motion or motor strength deficits at the time of his most recent evaluation. In addition, the documentation shows that he was previously approved for 6 sessions of occupational therapy for the left wrist. However, evidence of objective functional improvement with these sessions was not provided. In the absence of this information, an additional 6 sessions of occupational therapy are not supported. Therefore, the request is not medically necessary.