

Case Number:	CM15-0040983		
Date Assigned:	03/11/2015	Date of Injury:	01/14/2013
Decision Date:	05/06/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/04/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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:

The injured worker is a 26-year-old female, who sustained an industrial injury on January 14, 2013 when she fell backwards onto her left hand and injured her wrist. The injured worker was diagnosed as having left hand and wrist sprains and a left triangular fibrocartilage complex (TFCC) tear. Treatment to date has included x-rays, an MRI arthrogram, electrodiagnostic studies, wrist splint, physical therapy, work modifications, pain medication, non-steroidal anti-inflammatory medication and steroid injection. On January 8, 2015, the injured worker complains of left wrist pain, mostly on the ulnar side. She reports increased pain following a steroid injection. The physical exam revealed a positive ulnar fovea sign, distal radioulnar joint stability in pronated and supinated positions bilaterally, and mild laxity in the neutral position. The treatment plan includes proceeding with surgery for the left triangular fibrocartilage complex (TFCC) tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five post-operative occupational therapy visits: Overturned

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

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

Decision rationale: The CA MTUS supports up to 10 postsurgical physical medicine treatments over a 10 week period following the planned surgical treatment. An initial course of therapy means one-half of the number of visits as noted on page 10 or 5 in this case. Therefore, the request is supported by the CA MTUS and deemed medically necessary and appropriate.