

Case Number:	CM14-0162382		
Date Assigned:	10/07/2014	Date of Injury:	06/19/2014
Decision Date:	11/04/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old female jobber sustained an industrial injury on 6/19/14. Injury occurred while she was working on a production line and was hit on the left wrist with a plastic tray. Initial conservative treatment included left wrist x-rays, physical therapy x 12 sessions, a volar wrist splint, work modifications, and anti-inflammatory medications. Left wrist x-rays revealed radius scaphoid joint arthrosis and basal joint arthropathy. The 8/5/14 left wrist MRI documented degeneration and contusion of the triangular fibrocartilage complex with tendinosis of the extensor carpi ulnaris and grade II sprain of the scapholunate ligament. There was also arthrosis of the thumb basal joint. The 8/27/14 initial hand surgeon report documented focal pain over the left lunate fossa. There was a positive Watson's maneuver. The distal radioulnar joint appeared stable. Wrist range of motion was dorsiflexion 60, flexion 30, radial deviation 5, and ulnar deviation 40 degrees. Grip strength was 20/20/20 left and 30/30/30 right. There was pain over the basal joint exacerbated with axial compression. Digit range of motion was within normal limits. There was no tenderness over the wrist or hand. There was no evidence of wrist instability. The treatment plan recommended left wrist diagnostic arthroscopy to further evaluate the intercarpal ligaments and triangular fibrocartilage complex. The 9/9/14 utilization review denied the requests for a post-operative arm sling and physical therapy as the associated surgical request was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Post-operative Arm Sling: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 205, 213, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Splints; Shoulder, Postoperative abduction pillow sling

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations relative to post-operative arm slings for wrist surgery. Guidelines typically support post-operative splinting as an option. Guidelines would support the use of an arm sling following shoulder surgery. Additionally, there is no evidence that the requested surgery has been approved. Therefore, this request is not medically necessary.

(8) Post-operative Physical Therapy visits: Upheld

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

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for triangular fibrocartilage complex (TFCC) surgery suggest a general course of 10 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 5 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations if surgery was approved. However, this request exceeds guidelines for initial post-op physical therapy. Additionally, there is no indication that surgery has been approved. Therefore, this request is not medically necessary.