

Case Number:	CM14-0095071		
Date Assigned:	09/15/2014	Date of Injury:	09/01/2011
Decision Date:	10/15/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/23/2014

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 Orthopaedic 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 53-year-old female account analyst sustained an industrial injury on 9/1/11 relative to repetitive use of both hands. The patient underwent right wrist arthroscopic debridement of a triangular fibrocartilage complex tear with abrasion chondroplasty of the distal ulnar and right carpal tunnel release on 10/1/12. The patient had persistent pain post-operatively and was refractory to conservative treatment. Repeat magnetic resonance imaging (MRI) showed extensor carpi ulnaris tendinosis and previous triangular fibrocartilage debridement. The 5/27/14 treating physician report cited continued right wrist pain, mostly with typing, wrist flexion/extension, and forceful activities. Physical exam documented moderate tenderness overlying the lunotriquetral interval. Right wrist extension was mildly limited. Watson's and Shuck's tests were negative. There was no distal radioulnar joint instability noted. The patient was diagnosed with chronic lunotriquetral ligament tear and ulnar impaction right wrist. Surgery was recommended with 24 occupational therapy visits to be scheduled following pin and cast removal. The 6/6/14 utilization review noted the patient was scheduled for a right wrist lunotriquetral arthrodesis on 6/20/14 and indicated that occupational therapy was denied and should be requested closer to the date when the patient will be released for therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Occupational Therapy 3 times a week for 8 weeks, Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Post-Surgical Treatment Guidelines for wrist arthrodesis suggest a general course of 24 post-operative visits over 8 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 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 post-surgical physical medicine period. Guideline criteria have not been met. This is the initial request for post-operative occupational therapy and exceeds guideline recommendations. There is no compelling reason to support the medical necessity of post-op therapy in excess of initial guideline recommendations prior to surgery and pin removal. Therefore, this request is not medically necessary.