

Case Number:	CM15-0001971		
Date Assigned:	01/13/2015	Date of Injury:	06/22/2011
Decision Date:	03/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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, Hawaii

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 49 year old with an industrial injury dated 06/22/2011. She presented for follow up on 11/24/2014 with complaints of right wrist pain. Prior treatments include diagnostics, right open carpal tunnel release, right wrist surgery, physical therapy, and medications. MRI of the right hand done on 11/11/2013 showed positive triangular fibrocartilage complex interrupted signal/tear/defect. On 01/06/2014 right wrist debridement of TFCC (triangular fibrocartilage complex) and osteotomy of right ulna was done. Diagnoses include carpal tunnel syndrome, wrist synovitis, wrist arthralgia, wrist sprain/strain, cervical radiculitis and cervical spondylosis. On 12/17/2014 utilization review non-certified the request for occupational therapy 3 times a week for 6 weeks to right wrist and hand. MTUS Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 3 Times A Week for 6 Weeks for The Right Wrist/Hand:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with pain affecting the right wrist. The current request is for Occupational Therapy 3 Times A Week for 6 Weeks for the Right Wrist/Hand. The treating physician states that the patient had right wrist surgery in December of 2014 and January 2014 (1D) after having previous right wrist surgery in June of 2012. The primary treating physician documented that the patient had right wrist TFCC and an osteotomy of the right ulna was performed. The MTUS guidelines state, "TFCC injuries-debridement (arthroscopic) [DWC]: Postsurgical treatment: 10 visits over 10 weeks *Postsurgical physical medicine treatment period: 4 months. Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Postsurgical treatment: 20 visits over 10 weeks *Postsurgical physical medicine treatment period: 6 months." In this case, the treating physician has requested an amount which is recommended by the MTUS guidelines. The current request is medically necessary and the recommendation is for authorization.