

Case Number:	CM15-0121085		
Date Assigned:	07/01/2015	Date of Injury:	11/04/2014
Decision Date:	07/30/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/23/2015

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: 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 52 year old female who sustained a work related injury November 4, 2014. While pushing a stack of boxes down a conveyor belt, she didn't notice a box blocking her path, and she pushed with all her strength and twisted her left wrist downward (wrist acutely flexed in ulnar deviation). She developed pain, weakness and swelling with tingling in the fingertips. She was treated with medication, and an x-ray of the left wrist which was negative for a fracture. An MRI of the left wrist, dated November 25, 2015, showed evidence of sprain of the attachment of the TFCC (triangular fibrocartilage complex tear) and a sprain of the dorsal radiocarpal ligament. She was placed in a short arm cast for four weeks, December 9, 2014. According to the most recent physician's progress report, dated February 3, 2015, the injured worker presented with pain in the left hand that radiates into the ulnar distal forearm. She also reports tingling in the ulnar 3 digits of the left hand. She cannot use the left hand due to pain and she is dropping items. Current medication included ibuprofen and Omeprazole. Physical examination after removal of a left wrist brace revealed; wrist flexion 10 degrees and extension 30 degrees with pain. In flexion, her fingers lack about an inch of touching the palm. Sensation is intact to light touch in the left hand. She is most tender in the radial aspect of the left wrist, diffusely. Electrodiagnostic nerve conduction studies, dated January 22, 2015, were normal, left superficial radial nerve. Impressions are sprain, left wrist; triangular fibrocartilage tear, left wrist; numbness left hand. At issue, is the request for authorization for six visits of occupational therapy for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six occupational therapy visits for the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Review indicates the patient has completed 6 OT visits with current request modified for an additional 3 sessions. The Chronic Pain Guidelines allow for visits of physical/occupation therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive PT sessions without extenuating circumstances established beyond the guidelines. The six occupational therapy visits for the left wrist is not medically necessary or appropriate.