

Case Number:	CM15-0092901		
Date Assigned:	05/19/2015	Date of Injury:	01/20/2015
Decision Date:	06/18/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/14/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 is a 44-year-old male with a January 20, 2015 date of injury. A progress note dated April 28, 2015 documents subjective findings (right wrist symptoms temporarily helped with injection), objective findings (tenderness on the ulnar aspect of the right wrist with swelling; positive TFCC grind test; decreased right grip strength), and current diagnoses (right wrist triangular fibrocartilage complex tear; scapholunate and radial scaphoid ligament sprain/tear). Treatments to date have included injections, splinting, anti-inflammatory medications, physical therapy, and work restrictions. The treating physician documented a plan of care that included right wrist arthroscopy, triangular fibrocartilage complex debridement and possible scapholunate ligament repair, and postoperative occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post operative occupational therapy sessions to include evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

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

Decision rationale: CA MTUS post operative treatment guidelines, intercarpal ligament reconstruction, page 22 recommends 20 visits over 6 months with half of the visits being initially approved. In this case, the requested number of visits is 12, which exceeds the initial guideline recommendations. The request is not medically necessary.