

Case Number:	CM13-0013522		
Date Assigned:	02/14/2014	Date of Injury:	06/04/2009
Decision Date:	05/21/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/19/2013

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 49-year-old female stock clerk sustained an industrial injury on 6/4/09 relative to a motor vehicle accident with injury to the head, neck, right shoulder, temporomandibular joints (TMJ), right knee, and low back. The patient is status post right shoulder arthroscopic surgery on 2/17/11 and right knee arthroscopy with partial medial meniscectomy, patellar chondroplasty, and synovectomy on 10/13/10. The 11/9/12 right wrist MRI (magnetic resonance imaging) documented mild to moderate extensor carpi ulnaris tendonitis and findings suggestive of ulnar lunate impaction. The 5/16/13 right upper extremity electrodiagnostic study demonstrated a mild focal right median neuropathy at the carpal tunnel. She underwent right median nerve decompression, extension and partial internal neurolysis of the median nerve, and partial tenosynovectomy of the flexor tendons on 6/25/13 for a diagnosis of carpal tunnel syndrome. Physical therapy was prescribed for 12 post-op visits on 7/9/13. The 7/23/13 progress report indicated that the patient had been attending physical therapy and range of motion was slowly improving. The right wrist incision was healing satisfactorily and neurologic status was intact in the right hand. The treatment plan recommended physical therapy for 6 additional sessions as she had not achieved full range of motion or strength in her right hand and wrist. The records indicated that the patient had attended only 4 or 5 of 12 authorized physical therapy visits as of 7/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST OPERATIVE PHYSICAL THERAPY 2 X3 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: The California Post-Surgical Treatment Guidelines for flexor tenosynovectomy suggest a general course of 14 post-operative visits over 3 months during the 6-month post-surgical treatment period. The guideline states that 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. The guidelines criteria have not been met. Initial physical therapy was apparently authorized for 12 visits and less than one-half of those visits had been completed. There was no documentation of specific range of motion or strength loss to be addressed by additional therapy. There was no compelling reason for authorization of additional physical therapy beyond care previously certified, and yet to be completed. Therefore, this request for additional post-operative physical therapy 2x3 weeks is not medically necessary.