

Case Number:	CM13-0016189		
Date Assigned:	11/27/2013	Date of Injury:	10/17/2012
Decision Date:	01/13/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic 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 physician 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:

The patient is a 53-year-old female who sustained an injury to her right upper extremity on 05/17/12. She underwent a right upper extremity surgery on 02/28/13 that included a release of contracture at the PIP joint of the right small finger, tenolysis of the flexor digitorum superficialis and profundus and extensor tenolysis of the right small digit and release of contracture of the MCP of the right small finger. Surgery was performed by [REDACTED]. In the postoperative setting, there is documentation of over 50 sessions of formal physical therapy; the last of which took place on 07/01/13. Recent clinical assessment for review dated 07/30/13 stated that further surgical intervention in the form of an endoscopic carpal tunnel release and repeat contracture release of the PIP joint and flexor tenolysis was recommended. There was documentation of a denial for the requested surgery and 30 postoperative physical therapy visits. There is no documentation that further surgical intervention has occurred in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, further physical therapy in this case cannot be supported. Records indicate that the claimant underwent tenolysis and contracture release to the digit and had attended over 50 sessions of physical therapy in the postoperative setting. An additional request for surgery was submitted however after utilization review the second surgical intervention was not found to be medically necessary. As this individual has already exceeded guidelines for postoperative treatment after the initial surgery and in that a second surgery was not found to be medically necessary, there would then not be a medical need for additional postoperative physical therapy visits and these are not found to be medically necessary. The request for physical therapy is not medically necessary and appropriate.