

Case Number:	CM13-0016395		
Date Assigned:	12/27/2013	Date of Injury:	05/13/2013
Decision Date:	06/25/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/26/2013

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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for wrist pain reportedly associated with an industrial injury of May 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; reported diagnosis with a ganglion cyst and triangular fibrocartilage tear; and consultation with a hand surgeon, who apparently elected to pursue a dorsal wrist ganglion cyst excision and TFCC reconstruction surgery. In a Utilization Review Report of August 8, 2013, the claims administrator partially certified a request for 12 sessions of postoperative therapy as four sessions of postoperative physical therapy, stating that the procedure was expected to result in minimum mobility. The applicant subsequently appealed, on August 21, 2013, further noting that the claims administrator had incorrectly reported the name of the employer. On September 9, 2013, the applicant was described as one week status post dorsal ganglion cyst excision and TFCC reconstruction surgery. The applicant is reportedly improved as expected. The applicant was asked to continue splinting and elevating the hand and remain off of work for the time being. The actual operative report of September 3, 2013 is reviewed and notable for comments that the applicant underwent an open reconstruction of the right wrist triangular fibrocartilage complex, excision of the dorsal ganglion cyst, a diagnostic arthroscopy, and complete synovectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY (2) TIMES A WEEK FOR (6) WEEKS FOR THE RIGHT WRIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES, FOREARM, WRIST, AND HAND COMPLAINTS CHAPTER 11, 20-21

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in the MTUS Postsurgical Treatment Guidelines, a general course of 16 sessions of treatment is recommended following TFCC reconstruction surgery and a general course of 18 sessions of treatment is typically endorsed following a ganglionectomy. In this case, the applicant underwent two separate surgical procedures. The MTUS Postsurgical Treatment Guidelines notes that an initial course of treatment meets one half of the number of visits specified in the general course of therapy. In this case, thus, one half of 16 represents eight visits and one half of 18 visits represents nine visits. In this case, however, the 12-session course of treatment proposed by the attending provider is quite closely aligned to MTUS principles and the overall course of the treatment suggested in the MTUS Postsurgical Treatment Guidelines. It is further noted (and reiterated) that the applicant did in fact undergo two separate surgical procedures, both of which were done through open excision as opposed to arthroscopic incisions. Accordingly, the request is medically necessary and appropriate.