

Case Number:	CM13-0032519		
Date Assigned:	12/11/2013	Date of Injury:	06/18/2012
Decision Date:	03/18/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/23/2013

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 Family Practice 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 23-year-old female who reported an injury on 06/18/2012. According to the documentation, the patient was involved in a work injury involving her shoulder. Following a failure of conservative treatment to bring a better resolution of her condition, the claimant underwent left wrist surgery. This was followed by 8 sessions of postoperative therapy. On 09/16/2013, the patient was re-evaluated for complaints of left arm, left wrist, and left hand pain. It was noted that the patient was diagnosed with status post left ulnar shortening for ulnar abutment syndrome. The physician was recommending the patient continue with aggressive physical therapy for another 6 to 8 weeks. The most recent clinical information is dated 10/28/2013 in which the patient returned for symptomatic pain over the left forearm. The patient has mild swelling as well as redness in the area of the postsurgical scar. The patient complained of a lot of pain which was described as moderate to severe in nature. The patient has been taking Tylenol every 6 hours to deal with the pain at the present time. Under the objective findings, the physician noted moderate palpatory pain and tenderness over the scar tissue of the left forearm. The patient had limited range of motion of the left wrist, and there is redness over the postsurgical scar as well. The physician is now requesting an additional postoperative physical therapy 2 times 6 for the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Additional post-operative PT 2x6 for left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Under the California Postsurgical Treatment Guidelines, the wrist/intercarpal ligament reconstruction or repair was the closest procedure to what the patient has undergone. The guidelines state that a patient is allowed postsurgical treatments of 20 visits over 6 months. According to the documentation, the patient received between 12 and 15 sessions of physical therapy postoperatively. The patient stated that after these sessions she had no relief of symptoms or any noted by the physical therapist. At the time of the clinical report, the physician had stated that they were going to cancel the request for additional physical therapy due to the patient not improving. Therefore, at this time, the medical necessity for additional physical postoperative therapy 2 times a week for 6 weeks for the left upper extremity has not been established. Furthermore, there are no objective measurements pertaining to the efficacy of the previous physical therapy nor is there an indication that extenuating circumstances would necessitate further treatment. As such, the request is non-certified.