MAXIMUS Federal Services

Case Number:	CM13-0033362		
Date Assigned:	06/06/2014	Date of Injury:	02/01/2012
Decision Date:	07/14/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine and Rehabilitation 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 patient is a 60 year old male who was injured on 02/01/2012. Mechanism of injury is unknown. Prior treatment history has included hand therapy, Lipitor, and Lisinopril. The patient underwent a right wrist proximal carpectomy, radial styloidectomy, anterior and posterior interosseous neurectomy; and corticosteroid injection of the right thumb and little finger for stenosis tenosynovitis on 05/01/2013. Diagnostic studies reviewed include an x-ray performed revealed degenerative arthritis of his wrist. Disability rating evaluation dated 12/10/2013 indicates the patient reported much less pain in his wrist. He had limited range of motion. His grip strength has improved. There was no reported numbness or tingling and no triggering of his digits. Objective findings on exam revealed normal symmetrical range of motion of bilateral shoulders, elbows, and forearms. Wrist range of motion exhibits dorsiflexion at 20 bilaterally; volar flexion at 20 bilaterally; radial deviation at 10 bilaterally, and ulnar deviation at 20 bilaterally. He had full range of motion of his fingers and thumb. His grip strength bilateral is 80/120, 80/115, and 70/110 pounds. His grip strength was noted to be diminished by 34%. Progress note dated 12/01/2012 documented the patient with complaints of right wrist pain with associated numbness and tingling. He has a diagnosis of carpal tunnel disease. He had significant swelling, limited range of motion, and weakness. He advised to undergo surgery. Physical therapy note dated 08/30/2013 states the patient had been seen for 9 sessions of therapy has tolerated treatment very well, with continued decreasing complaints of right wrist pain. He had increased grip and pinch strength which was increased to 18 pounds, thumb to index pinch 2 pounds. The patient stated his wrist and hand were feeling good and functional strength was increasing.Utilization report dated 09/16/2013 denied the request for postoperative physical therapy quantity 8, partially certified for quantity of 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) SESSIONS OF POST-OPERATIVE PHYSICAL THERAPY: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: According to the CA MTUS Guidelines, post surgical physical therapy for arthropathy unspecified is recommended for 24 visits over 8 weeks and the period of treatment is 4 months. The medical records document the patient underwent a right wrist proximal carpectomy, radial styloidectomy, anterior and posterior interosseous neurectomy; and corticosteroid injection of the right thumb and little finger for stenosis tenosynovitis on 05/01/2013. The patient had 9 sessions of PT with significant improvement of pain and function as revealed in the progress note dated 8/30/2013. In the presence of significant improvement of pain and function, it is reasonable that the patient continue more sessions of physical therapy within the guidelines recommendation for total allowed sessions. The request for 8 more sessions of physical therapy is within the guidelines recommendation and thus the request is medically necessary according to the guidelines.