

<b>Case Number:</b>	CM13-0049134		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/02/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 36 YO male with date of injury 01/02/2011. Patient has diagnosis of tendonitis extensor carpal ulnaris right wrist. The patient is status post tenosynovectomy (03/2013, [REDACTED]). [REDACTED] report dated 09/30/2013 references [REDACTED] hand therapy report stating that the patient " has regained acceptable range of motion in the wrist where flexion is 60° , extension 70° , pronation of 85° , supination of 80° , ulnar deviation of 30° and radial deviation of 15° is measured. The patient has shown slow and steady progress into normal range of motion areas. However, with repetitive use of his hand for gripping and holding activities, he continues to complain of forearm and wrist pain. " Utilization report dated 10/17/2013, show a request for 6 visits being authorized. Physical therapy report dated 09/11/2013, notes that patient has completed 7/8 visits. The provider is requesting additional 12 physical therapy visits.â¿¿

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6wks for the right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, & Hand post-surgical Page(s): 18-20.

**Decision rationale:** This patient presents with chronic wrist pain and is s/p tenosynovectomy (03/2013, [REDACTED]). Physical therapy notes show the patient making improvements with activities of daily living, range of motion, strength but continues to experience pain with certain activities. MTUS guidelines have specific recommendations for post-operative therapy management of various surgeries. For "extensor tenosynovectomy" of wrist, 14 sessions of post-operative treatments are recommended. In this case, the patient has received 8 physical therapy visits and was recently approved for an additional 6 visits for a total of 14. The request for 12 additional physical therapy visits would exceed the recommended 14 post-operative physical therapy per MTUS guidelines. Recommendation is denial.