

Case Number:	CM13-0062481		
Date Assigned:	06/09/2014	Date of Injury:	02/12/2013
Decision Date:	08/01/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/06/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 47-year-old female who reported an injury on 02/12/2013; the mechanism of injury was repetitive motion. The injured worker had a history of bilateral hand pain with a diagnosis of de Quervain's syndrome to bilateral hands. Per the notes dated 08/30/2013, the injured worker had also had surgery for a diagnosis of bilateral De Quervains. Per the physical therapy notes dated 09/19/2013 indicated the range of motion had improved after immobilization and she was to continue with weight bearing. The injured worker had a past treatment of 12 visits with physical therapy to the bilateral hands and a cortisone injection. The clinical note dated 10/17/2013 noted upon physical examination, the injured worker had a well healed incision with full range of motion to the bilateral hands. The medications included Percocet and Advil. The request for authorization dated 06/09/2014 was submitted within the documentation. The rationale for additional postoperative physical therapy was not given.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OP PHYSICAL THERAPY 2 TIMES A WEEK FOR 12 WEEKS FOR THE BILATERAL WRISTS/HANDS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21..

Decision rationale: The request for post op physical therapy 2 times a week for 12 weeks for the bilateral wrist/hand The California MTUS Guidelines indicate that there was weak evidence of a short term benefit of continuous passive motion intermittent pneumatic compression and ultrasound. There was weak evidence of better short term hand function in patients given therapy than in those given instructions for home exercises by a surgeon. The guidelines recommend for Post-surgical treatment is 14 visits over 12 weeks and post-surgical physical medicine treatment period of 6 months. The documentation submitted did not indicate the amount of physical therapy that has been completed to date. However, it was evident that the injured worker had at least received 12 sessions of therapy. The requested amount and the amount of therapy that the injured worker had already received exceeds the recommended 14 sessions over a 12 week period. Per the notes from 10/17/2014, the injured worker showed full range of motion to bilateral hands. As such, the request for post-op physical therapy 2 times a week for 12 weeks for the bilateral wrist/hands is not medically necessary and appropriate.