

<b>Case Number:</b>	CM13-0062858		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/04/2010
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Orthopedic Surgery and 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 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 32 year old female who reported an injury on 01/04/2010. The mechanism of injury was not specifically stated. The patient is currently diagnosed with ulnar impaction syndrome and cubital tunnel syndrome. The patient is status post ulnar shortening osteotomy and TFCC repair at the right wrist on 06/02/2013. The patient was seen on 11/07/2013. Physical examination revealed tenderness to palpation, full range of motion of the elbow, negative cubital Tinel's testing, normal range of motion of the wrist, mild tenderness over the ulnar forearm, 5/5 strength in the hand, and 5/5 strength with crossover testing. Treatment recommendations included continuation of current physical therapy.

### 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 times 6 visits to the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

**Decision rationale:** California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. As per the documentation submitted, the patient has completed an unknown amount of postoperative physical therapy to date. Documentation of objective functional improvement was not provided. The patient demonstrates full range of motion with 5/5 strength upon physical examination. The medical necessity for ongoing treatment has not been established. Therefore, the request is non-certified