MAXIMUS Federal Services

Case Number:	CM13-0071376		
Date Assigned:	05/07/2014	Date of Injury:	08/03/2012
Decision Date:	07/09/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/27/2013

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 & 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 an employee of [redacted] and has submitted a claim for s/p right wrist proximal row Carpectomy associated with an industrial injury date of August 03, 2012. Treatment to date has included pain medications and 24 sessions of post-surgical physical therapy from which the patient has improved in functionality and has been relieved from pain. Medical records from 2013 were reviewed and it shows that the patient has been experiencing stiffness and discomfort at the right wrist. Most recent physical examination available shows healed incision with minimal swelling and tenderness at the basal thumb joint of the right hand with 50% limitation of ROM to all planes of the right wristUtilization review from December 16, 2013 denied the request for additional physical therapy for the right hand (quantity not specified) since there is no evidence that the patient has difficulty performing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY FOR RIGHT HAND FOR ONE MONTH (QUANTITY NOT SPECIFIED): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines on section of Forearm, Wrist and Hand: Proximal Row Carpectomy recommends postsurgical treatment of 20 visits over 6 months with postsurgical physical medicine treatment period of 8 months. In this case the patient underwent Right Wrist Row Carpectomy for Kienbach avascular necrosis of Lunate last July 15, 2013. Patient has completed 24 post-surgical physical therapy sessions for the right hand starting August 2013 until November 2013. These sessions were claimed to have improved the patient's range of motion and strength, therefore increasing functionality. Additional physical therapy sessions are requested to assist patient towards reaching maximal medical improvement. Patient has already exceeded the recommended total number of PT sessions. The patient is likewise expected to be well-versed in a self-directed home exercise by now. Furthermore, the number of visits being requested is not specified; therefore, the request for additional physical therapy sessions for the right hand for 1 month is not medically necessary.