

Case Number:	CM14-0005248		
Date Assigned:	01/24/2014	Date of Injury:	09/12/2013
Decision Date:	06/09/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 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 56-year-old gentleman who injured his right wrist and hand on September 12, 2013 when he was shifting a tractor at work. An MRI report of December 5, 2013 documented a ganglion cyst along the dorsal aspect of the wrist with an ulnar minus variance and inflammatory tenosynovitis of the second extensor compartment tendons. A follow-up examination on December 23, 2013 noted continued complaints of hand and wrist pain that had failed to improve with conservative care. The recommendation was made for wrist arthroscopy with removal of the ganglion cyst and debridement. Clinical records provided for review do not document whether the surgical process has occurred or if the process has been supported by the carrier. This is a review for postoperative physical therapy for twelve sessions for this individual's right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POST-OPERATIVE OCCUPATIONAL THERAPY SESSIONS FOR THE RIGHT WRIST, 3 TIMES PER WEEK FOR 4 WEEKS.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines twelve sessions of initial postoperative physical therapy cannot be recommended as medically

necessary. This individual's need for surgical intervention has not been established. Records do not indicate the process has occurred or has been supported by the carrier. Therefore, twelve initial sessions of postoperative physical therapy for this individual cannot be recommended as medically necessary.