

Case Number:	CM14-0017223		
Date Assigned:	04/14/2014	Date of Injury:	03/20/2013
Decision Date:	07/25/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/11/2014

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 Hand Surgery, has a subspecialty in General Surgery and is licensed to practice in Oregon. 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:

This is a 56-year-old male who sustained an industrial injury on 3/20/13. He has been diagnosed with wrist strain with a ganglion cyst due to repetitive activities. Ganglion cyst excision was performed on 8/13/13. Eight sessions of therapy were completed. Wrist range of motion is full but the grip strength is 30 pounds less than on the opposite uninjured hand. Additional therapy is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 4 weeks for the right wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapy guidelines Page(s): 21.

Decision rationale: The patient continues to have weakness and wrist pain. Per the MTUS Chronic Pain guidelines, page 21, Ganglion and cyst of synovium, tendon, and bursa (ICD9 727.4): Postsurgical treatment: 18 visits over 6 weeks The patient has had 8 visits thus far and continues to have weakness and pain. The request for an additional 8 visits falls within the MTUS recommendations for postoperative therapy.