MAXIMUS Federal Services

Case Number:	CM14-0018831		
Date Assigned:	04/23/2014	Date of Injury:	04/08/2013
Decision Date:	07/02/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/14/2014

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 Occupational Medicine 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 53-year-old female who was injured on 04/08/2013who injured her left hand after a fall onto her outstretched hand while at work. Prior treatment history has included the patient undergoing surgery with pins, which was performed on 05/08/2013. The pins were removed on 06/25/2013. The operative report stated she had close reduction percutaneous pinning as well as left wrist arthroscopy and a triangular fibrocartilage complex debridement. From 06/28/2013 to date, she has been provided with therapy, which she attends 2 times per week to date with benefit. Progress note dated 12/11/2013 documented the patient with complaints of pain and swelling in the left wrist and hand. The patient complains of pain, which is described dull, achy, throbbing, burning, sharp, shooting, stabbing and pressure like in nature. There is radiation of pain from wrist to arm. There are complaints of numbness, tingling, pins and needles like sensation. Other symptoms include weakness, muscle spasms, swelling, stiffness, popping, grinding and cracking. The pain is not aggravated by any specific activity. The pain is temporarily relieved by muscle stimulator, brace/support, gentle exercise, stretching, changing positions, use of cold, use of heat, hot bath/shower, massages and rest. Objective findings one examination of the left wrist reveals the patient has 60 degrees of extension and 50 degrees of flexion. Visual inspection reveals no effusion or ganglion cyst. There is no tenderness of the extensor carpi ulnaris, flexor carpi ulnaris or triangular fibrocartilage complex. There is no subluxation of the extensor carpi ulnaris. The patient has 70 degrees of supination. Finkelstein and Watson's are negative. There are well-healed portal scars from the arthroscopy around her wrist. Examination of the left hand reveals full range of motion of all the fingers. Neurological evaluation reveals sensation is 4.31 in the thumb and index finger, 3.61 in the middle finger and 2.83 in the ring and small finger. Diagnoses include 1) Left distal radius malunion; 2) Left carpal tunnel syndrome; and 3) Left thumb carpometacarpal joint irritation. PR-2 dated

12/23/2013 documented that the treating physician had requested authorization for a second surgery to remove hardware. The procedure was completed and the patient underwent postoperative physical therapy, which helped some. Plan: electromyogram/nerve conduction velocity (EMG/NCV) and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF POST-OPERATIVE OCCUPATIONAL THERAPY 2 X WEEK FOR 4 WEEKS FOR THE LEFT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: This is a request for physical therapy post-operatively for carpal tunnel surgery for a 53-year-old female patient with left carpal tunnel syndrome, moderate. The request for carpal tunnel surgery was denied by UR. Medical records provided do not document reversal of this decision, and thus the medical necessity for post-operative physical therapy is not established at this time.