

<b>Case Number:</b>	CM14-0126573		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Orthopedic Surgery and is licensed to practice in Indiana. 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 50-year-old who sustained a work related injury January 24, 2014. Mechanism of injury, slipped and fell onto outstretched hand injuring her wrist, elbow and shoulder. Diagnosis is right deQuervains tenosynovitis, right shoulder impingement syndrome with documented supraspinatus tear on MRI. Symptoms to the right shoulder improved nicely with steroid injections and physical therapy. Right wrist remains quite symptomatic. Has undergone two cortisone injections. Is currently on oral anti-inflammatories. She appears to have failed conservative treatment in regards to the right hand and wrist and they are going to pursue surgical intervention, right first dorsal compartment release. 12 post-operative physical therapy visits are being requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy for the hand and wrist, three times weekly for four weeks:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 10, 21.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** According to the Postsurgical Treatment Guidelines, post-operative physical therapy is indicated to obtain full range of motion and strength following surgical intervention. Therefore, the request for post-operative physical therapy for the hand and wrist, three times weekly for four weeks, is medically necessary and appropriate.