

Case Number:	CM14-0176105		
Date Assigned:	10/29/2014	Date of Injury:	03/12/2012
Decision Date:	12/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/23/2014

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 Surgeon 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:

This is a 34-year-old female with a 3/12/12 date of injury. The patient was injured when he tried to lift a cart out of the elevator onto the workplace floor. According to a progress report dated 9/12/14, the patient stated that his pain was better since the last visit and rated his pain as a 6/10. He reported throbbing pain in his entire hand at rest. He has completed 12/12 sessions of physical therapy, noting benefit in range of motion and strength. However he still had pain. Objective findings: full range of motion of wrist and hand, decreased strength of left hand/wrist. Diagnostic impression: status post tenosynovectomy of the left wrist on 8/4/14, Dequervain's left wrist, Dequervain's right hand/wrist. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 9/22/14 modified the request for physical therapy from 2xWk x 3Wks left wrist to 1xWk x 3Wks left wrist. The patient has had 12 sessions of physical therapy to date. Partial certification of the request is recommended for instruction and oversight of an independent program of exercise and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 3, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3 Postsurgical Treatment Guidelines - Synovitis and Tenosynovitis.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In the present case, the patient has already completed 12 post-operative physical therapy sessions. Guidelines support up to 14 visits over 12 weeks for postsurgical treatment of tenosynovitis. An additional 6 visits would exceed guideline recommendations. A specific rationale identifying why additional physical therapy is required at this time and why this patient has not been able to transition to an independent home exercise program was not provided. Therefore, the request for Physical Therapy 2 x 3, left wrist was not medically necessary.