

<b>Case Number:</b>	CM14-0030041		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/18/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 09/18/2011. The patient's diagnoses include status post a lunotriquetral arthrodesis and a scapholunate ligament repair with comorbid dorsal ulnar sensory branch neuritis. On 02/18/2014, the patient was seen in hand surgical followup. The patient reported therapy was helping a lot and that there was less swelling of the wrist and there was numbness and burning on the side of the wrist and that therapy was helping. The patient had dysesthesia on palpation of the ulnar aspect of the wrist and in an ulnar dorsal sensory nerve distribution. The patient had active flexion to 20 degrees with extension of 30 degrees. The patient was felt to be making steady improvement 3 months status post her surgery, although she was limited by ulnar sensory neuritis. Her treating physician felt it was critical that the patient continue therapy to include TENS modalities as directed by her hand therapist. An initial physician review noted that the number of past physical therapy sessions was not noted and that the records did not clearly document an indication for additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3xWk x 8Wks Left Wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19-20 and 22.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

**Decision rationale:** The California Medical Treatment Utilization Schedule Postoperative Treatment Guidelines, page 22, recommend a postsurgical physical medicine treatment period of 6 months from a nerve entrapment or 8 months after wrist intercarpal ligament reconstruction or repair. The same guideline recommends postsurgical treatment of 20 visits of physical therapy over 6 months for wrist reconstruction or 20 visits with a diagnosis of an ulnar nerve entrapment. This same guideline recommends continuation of physical therapy if the surgeon feels that further functional benefit can be achieved. This is a very complex case which involves multiple diagnoses including wrist arthrodesis and a scapholunate ligament repair and dorsal ulnar sensory neuritis, and therefore there is no specific number of visits which is limiting per the guidelines. The treatment guidelines emphasize followup by the treating physician in order to determine specific goals of hand therapy. The treating physician has documented a detailed exam noting improved swelling, although continued dysesthesia on palpation of the wrist, and outlined specific limitations of major motion to the wrist and a plan for additional modalities under the supervision of a therapist in order to increase range of motion. The treating physician specifically noted an opinion that it was critical that the patient continue supervised therapy; it is not likely that the patient would be able to regain functional range of motion in the hand without specific supervised hand therapy. Therefore, the treatment request is consistent with the guidelines. Although the request for treatment is prolonged, this claimant has a combination of three separate diagnoses in the wrist with specific goals documented by the treating surgeon. In this situation, this extended therapy is consistent with the treatment guidelines. This treatment is medically necessary.