

Case Number:	CM14-0066029		
Date Assigned:	07/11/2014	Date of Injury:	03/19/2012
Decision Date:	08/08/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/09/2014

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 & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 57 year old with an injury date on 3/19/12. Patient complains of right hand pain, right wrist pain, and triggering right middle finger that worsens when sleeping, when not using hand, and during repetitive motions at work per 3/31/14 report. Patient has received hand therapy, acupuncture, chiropractic treatment, and a cortisone injection for the trigger finger which did not help per 3/31/14 report. Based on the 3/31/14 progress report provided by [REDACTED] the diagnoses are: 1. Radial attachment tear triangular fibrocartilage right wrist 2. Triggering of the right middle finger 3. Mild carpal tunnel syndrome. Exam on 3/31/14 showed tenderness to palpation over triangular fibrocartilage of right wrist, some swelling on the ulnar aspect of wrist, pain with maximum supination, range of motion of wrist is full, Negative Lachman's test, and Negative Tinel's, Phalen's, compression test for carpal tunnel syndrome. Hand exam: tender of A-1 pulley of right middle finger, there is crepitation and locking, reluctant to fully flex the finger, moderate swelling of the digit, and non-tender over the A-1 pulleys of the thumb, index, ring, and small fingers and full active range of motion of all small joints of right hand including thumb. [REDACTED] is requesting postoperative physical therapy 2 times a week to right wrist/hand/fingers, total of 12. The utilization review determination being challenged is dated 4/21/14 and modifies request to 10 sessions per MTUS postsurgical guidelines for wrist arthroscopic debridement. [REDACTED] is the requesting provider, and he provided treatment reports from 11/19/13 to 6/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Postoperative physical therapy sessions to the right wrist/hand/fingers:

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: This patient presents with right hand pain, wrist pain, and middle finger pain with numbness/tingling. The treater has asked for postoperative physical therapy 2 times a week to right wrist/hand/fingers, total of 12 but the request for authorization was not included. Review of the Utilization Review determination showed the request for physical therapy accompanied a request for right wrist arthroscopy, intra-articular shaving, and debridement of triangular fibrocartilage. Regarding TFCC (Triangular Fibrocartilage Complex) injuries-debridement (arthroscopic), MTUS guidelines for postsurgical treatment allow 10 visits over 10 weeks within 4 months of surgery. In this case, the treater has asked for 12 sessions of postoperative wrist physical therapy. A course of 10 therapy sessions would appear reasonable, but the requested 12 sessions exceed MTUS guidelines for this type of condition. Therefore, the request for Twelve (12) Postoperative physical therapy sessions to the right wrist/hand/fingers is not medically necessary and appropriate.