

Case Number:	CM14-0088853		
Date Assigned:	07/23/2014	Date of Injury:	04/12/2011
Decision Date:	08/28/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 claimant is a 43-year-old gentleman injured in a work-related accident on April 12, 2011. An April 14, 2104, progress note describes continued bilateral wrist complaints and a diagnosis of carpal tunnel syndrome, for which records state that claimant failed conservative care. The records document complaints of atrophy of the thenar eminence of the left hand with tenderness over the DRUJ, specifically over the ulnolunate joint, and painful range of motion. An MRI scan reviewed at the visit shows an ulnar neutral variance. The claimant was further diagnosed with ulnolunate abutment syndrome. Operative intervention of left ulnar shortening osteotomy was recommended. The Utilization Review dated June 5, 2014 documented that the surgery was not certified. This request is for 12 sessions of physical therapy post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 initial post-op physical therapy visits for the left ulnar/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, 12 post-operative sessions of physical therapy would not be indicated. The reviewed records document

that the request for left ulnar shortening osteotomy was not certified as medically necessary. Therefore, based on documentation that the surgery has been deemed not medically necessary, the request for physical therapy would also not be medically necessary.