

<b>Case Number:</b>	CM14-0163446		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 57-year-old who has filed a claim for chronic hand, wrist, and forearm pain reportedly associated with an industrial injury of May 29, 2012. In a Utilization Review report dated September 5, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as 6 sessions of physical therapy. The claims administrator referenced an August 14, 2014 progress note in its determination. On May 13, 2014, the applicant underwent a right carpal tunnel release surgery, wrist arthroscopy, debridement of capsular tissue and partial thickness scapholunate ligament tear, arthroscopic synovectomy, excision of the right posterior intraosseous nerve at the level of the distal forearm, and excision of the right anterior intraosseous nerve at the level of the distal forearm. On July 8, 2014, the applicant reported ongoing complaints of wrist pain, 7/10. Work restrictions and physical therapy were endorsed. It was stated that the applicant had not had any physical therapy following the most recent surgery. On September 5, 2014, the attending provider stated that the applicant had various wrist and forearm issues, which the treating provider felt would ultimately culminate in wrist fusion surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 12 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** Yes, the request for 12 sessions of physical therapy was medically necessary, medically appropriate, and indicated here. The request was framed as a first-time request for postoperative physical therapy, initiated on July 8, 2014, after the applicant had previously undergone wrist arthroscopy, wrist carpal tunnel surgery, wrist synovectomy, wrist scapholunate ligament debridement, posterior intraosseous nerve excision, and anterior intraosseous nerve excision procedures. The MTUS Postsurgical Treatment Guidelines supported a general course of 3 to 8 sessions of physical therapy following carpal tunnel release surgery, 14 sessions of physical therapy following a wrist synovectomy surgery, and 10 sessions of physical therapy following TFCC injury debridement, a procedure analogous to the debridement procedure which transpired here, and 20 sessions of physical therapy following wrist intracarpal ligament reconstruction and repair surgery, all of which apparently transpired here. The applicant underwent, multiple, extensive procedure involving the hand and wrist on or around the date in question. The Postsurgical Treatment Guidelines further noted MTUS 9792.24.3.c2 that on the medical necessity for postsurgical physical therapy methods for any given applicant is contingent on applicant-specific factors such as nature, number, complexity of the surgery, surgical procedures undertaken. Here, the applicant underwent multiple procedures. The applicant did have significant pathology involving the injured wrist and forearm. The request for 12 initial sessions of physical therapy, thus, was consistent with the relatively extensive and multiple procedures, which transpired here. Therefore, the request was medically necessary.