

Case Number:	CM14-0201737		
Date Assigned:	12/12/2014	Date of Injury:	01/28/2014
Decision Date:	01/29/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/02/2014

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 Family Practice, 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:

41 yr. old male claimant sustained a work injury on involving the wrists. He was diagnosed with carpal tunnel syndrome, left ulnar collateral ligament deficiency with bilateral ulnar neuropathy and Dequervain's tenosynovitis. An MRI of the left hand showed moderate degenerative changes in the 1st MTP joint. He underwent ulnar collateral reconstruction with a palmaris tendon graft and received over 25 post-operative physical therapy visits. A progress note on 11/20/14 indicated the claimant had tenderness in the left MCP joint and right wrist. The physician requested to continue 12 more sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 for the Left Thumb and Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) physical therapy and wrist pain.

Decision rationale: According to the guidelines, post-surgical physical therapy of the wrist ranges from 16-20 visits. In this case, the claimant had undergone over 25 sessions post-operatively. The recent exam findings did not indicate wrist limitations, range of motion

description, grip strength that would suggest improvement from prior sessions but not at full capacity. There was no indication that additional therapy cannot be performed at home. The request for Physical Therapy is not medically necessary.