

<b>Case Number:</b>	CM15-0164003		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 49-year-old female, who sustained an industrial injury on 10-23-13. The injured worker has complaints of tenderness in the dorsum of the wrist and distal forearm with rightness and tenderness along the back of her thumb. The documentation noted that examination reveals hypertrophic longitudinal scar on the right radial wrist over about a 1-centimeter area just distal to this part of the same scar is barely discernible. The documentation noted that there is swelling and considerable tenderness in the area of intersection less in the 2nd extensor compartment. The diagnoses have included pain in joint, forearm and radial styloid tenosynovitis. Treatment to date has included release first dorsal compartment, multiple compartments, right wrist on 7-1-14; X-rays showed removal of right dorsal wrist ganglion, tenolysis in the area of intersection and release of 2nd extensor compartment to complete treatment of the intersection symptoms; home exercise program; transcutaneous electrical nerve stimulation unit; physical therapy and injections. The request was for post-operative physical therapy quantity 8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative physical therapy QTY: 8.00:** Overturned

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

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

**Decision rationale:** According to CA MTUS Post Surgical Treatment Guidelines, page 20, the following number of post surgical visits are recommended: Extensor tendon repair or tenolysis [DWC]: Postsurgical treatment: 18 visits over 4 months; Postsurgical physical medicine treatment period: 6 months; The guidelines recommend initially of the 18 visits to be performed. As the request is within the initial allowable visits recommended by the guidelines, the request is medically necessary.