

Case Number:	CM15-0188489		
Date Assigned:	10/01/2015	Date of Injury:	04/23/2013
Decision Date:	11/16/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports 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 injured worker is a 61 year old female who sustained an industrial injury 04-23-13. A review of the medical records reveals the injured worker is undergoing treatment for joint stiffness of the hand and muscle weakness. Medical records (08-21-15) reveal the injured worker complains of pain in the limb, hand stiffness, and forearm joint pain. The physical exam (08-21-15) reveals decreased mobility of the carpal joints on the right with proximal row mobility decreased. Mild joint effusion is present on the right. Tightness is noted to be improved in multiple right hand tendons. Increased scar restrictions are noted, and the injured worker is noted to be progressing slowly. Prior treatment includes hand surgery and an unknown number of physical therapy sessions. The original utilization review (09-10-15) non certified the request for 12 sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: This is a request for 12 more postsurgical therapy sessions for an individual who underwent thumb base resection/interposition arthroplasty on May 7, 2015 and has performed 12 therapy sessions. The guidelines (arthroplasty, unspecified, page 19) allow for 24 visits over 8 weeks in a 4 month post-surgical treatment period with an initial course of therapy being defined as half that number and additional therapy justified if there is documented functional improvement as defined on page one of the California MTUS guidelines. Records provided do not document functional improvement. Further, the injured worker is outside of the 4-month post surgical physical medicine treatment period during which therapy is reasonably expected to be beneficial. Therefore, the request does not meet guidelines and is not medically necessary.