

Case Number:	CM15-0020640		
Date Assigned:	02/10/2015	Date of Injury:	01/26/2011
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/04/2015

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: Illinois, California, Texas
 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 50-year-old male who sustained a work related injury 1/26/11. While performing cable work with twisting, torquing and repetitive wrist motion, he developed chronic pain in his bilateral hands and wrists. The 1/8/15 treating physician report cited constant bilateral hand and wrist pain. There was difficulty with motion, stiffness and limited flexion-extension, and moderate to severe pain with pronation, supination and rotation. The patient had undergone physical therapy and splinting without significant relief. Physical exam documented diffuse soft tissue swelling with circumferential tenderness in both hands and wrists. There was more specific pain in the ulnar aspect of the wrist. There was normal hand and finger range of motion, with no muscle atrophy or neurologic deficits. Bilateral wrist range of motion was dorsiflexion 35, volar flexion 30, radial deviation 20, and ulnar deviation 20 degrees. Bilateral wrist x-rays showed severe degeneration with partial carpal collapse. There was bilateral positive ulnar variance, right greater than left. There was severe obliteration of all joint articular surface intervals within the carpus, as well as the radiocarpal joint. Diagnosis was documented as bilateral wrist degenerative arthropathy. Treatment recommendations included a request for authorization for surgery for the left hand and wrist with Darrach procedure (distal ulnar resection) and post-operative physical therapy 2 x 3. Work status was documented as continued normal activities with no lifting greater than 10 pounds. According to utilization review dated January 19, 2015, the request for (6) post-operative outpatient physical therapy (2) times a week for (3) weeks to the right wrist is non-certified, citing ACOEM Guidelines. The rationale indicated that the surgery was not found to be medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2 x 3 for the right 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: The California MTUS Post-Surgical Treatment Guidelines for surgeries relative to hand/wrist arthropathy generally suggest 24 post-operative visits over 8 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Although this request would be consistent with post-surgical treatment guidelines, there is no indication in the records provided that this surgical request has been certified. Therefore, this request is not medically necessary.