MAXIMUS Federal Services

Case Number:	CM15-0216392		
Date Assigned:	11/06/2015	Date of Injury:	09/23/2010
Decision Date:	12/24/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/03/2015

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:

This is a 52 year old female with a date of injury of September 23, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for arthritis of the carpometacarpal joint with ganglion cyst. Medical records dated August 4, 2015 indicate that the injured worker complained of pain in both wrists with numbness and tingling in the second, third, and half of the fourth digit. Records also indicate the injured worker complained of swelling, locking, tenderness, and radiating pain. A progress note dated September 29, 2015 documented complaints of severe pain at the carpometacarpal joint with radiating pain into the hand with tingling. Per the treating physician (August 28, 2015), the employee was working with restrictions (not specified). The physical exam dated August 4, 2015 reveals positive carpal tunnel test of the left upper extremity, positive provocative test of the right upper extremity, and pain at both carpometacarpal joints. The progress note dated September 29, 2015 documented a physical examination that showed mild provocative test for carpal tunnel syndrome at the hand, pain with grind, crepitus, tenderness, and very mild first dorsal compartment tenderness. Treatment has included medications (Neurontin, Cymbalta, and Flexeril), injections, therapy, and bracing. Magnetic resonance imaging (August 26, 2012) showed severe degenerative changes of the first carpometacarpal joint with cyst, tenosynovitis, first dorsal compartment tendinopathy, and edema in the triquetrum. The treating physician recommended left wrist carpometacarpal arthroplasty, flexor carpi radialis tendon transfer, ligament reconstruction, and excision of a ganglion cyst. The utilization review (October 16, 2015) partially certified a request for twelve sessions of postoperative physical therapy (original request for twenty sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times a week for 10 weeks: Upheld

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

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

Decision rationale: This is a request for 20 post-operative therapy sessions following planned trapezium-metacarpal resection-interposition arthroplasty for arthritis. The appropriate California MTUS post-surgical guidelines would be for "arthropathy, unspecified" on page 19 which includes postsurgical treatment for arthroplasty and fusion of the wrist or fingers and allows up to 24 visits over 8 weeks. An initial course of therapy is defined as one half that number on page 10 - 12 sessions. Additional therapy up to the maximum number is appropriate only if there is documented functional improvement with the initial course of therapy as defined on page 1 of the Guidelines. This request for 20 sessions exceeds guidelines and is not medically necessary.