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| Case Number: | CM15-0231574 | | |
| Date Assigned: | 12/07/2015 | Date of Injury: | 10/15/2014 |
| Decision Date: | 01/12/2016 | UR Denial Date: | 10/28/2015 |
| Priority: | Standard | Application Received: | 11/24/2015 |

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: 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:

This injured worker is a 35-year-old female who sustained an industrial injury on 10/15/14, relative to a multiple rear-end motor vehicle accident on the freeway. The 4/29/15 right wrist MR arthrogram demonstrated a full thickness tear of the triangular fibrocartilage disc with radiocarpal contrast extending into the radioulnar joint. There was mild extensor carpi ulnaris tendinopathy. Findings were consistent with a ganglion cyst dorsal to the scapholunate ligament. She underwent right wrist surgery with ganglion cyst excision and triangular fibrocartilage complex (TFCC) debridement on 6/19/15. Physical therapy was initiated on 6/29/15. Records indicated that she completed 15 sessions of post-op physical therapy as of 10/09/15. The 10/13/15 treating physician report indicated that the injured worker had completed 6 recent sessions of physical therapy. Right hand range of motion and mobility were improving with physical therapy. She was able to do more activities for a longer period of time. She continued to have numbness and tingling in the 4th and 5th digits of the right hand, and right wrist pain with movement. She had difficulty supinating the right upper extremity. The EMG/NCS indicated no abnormalities. Right wrist exam documented well-healed scar with restricted range of motion and moderate edema about the wrist and hand. There was tenderness to palpation at the wrist with reduced sensation over the 4th and 5th digits. Provocative testing was negative. She was to continue a full course of post-op physical therapy to begin the strengthening. The last 6 sessions were beneficial and demonstrated functional improvement. Authorization was requested for physical therapy three times a week for 4 weeks. The 10/21/15 utilization review modified the request for 12 sessions of physical therapy to 4 sessions consistent with Post-Surgical Treatment

Guidelines for TFCC debridement. Records documented that 18 physical therapy visits had been completed as of 10/23/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009.

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

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of TFCC debridement suggest a general course of 10 post-operative physical medicine visits over 10 weeks, during the 4-month post-surgical treatment period. Guidelines state that post-surgical physical medicine is rarely needed for ganglionectomy but support 18 visits over 6 weeks, if needed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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 period. The 10/21/15 utilization review recommended partial certification of 4 additional post-op physical therapy visits. Records suggested that a total of 18 visits had been approved prior to this request. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified and over transition to a home exercise program to achieve additional rehabilitation goals. Therefore, this request is not medically necessary.