MAXIMUS Federal Services

Case Number:	CM14-0154540		
Date Assigned:	09/24/2014	Date of Injury:	10/03/2013
Decision Date:	10/29/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

While pushing a heavy container, this worker sustained a hyperextension injury to his right wrist on October 2, 2013. He was diagnosed with a right wrist TFCC (triangular fibrocartilage complex) tear with ulnocarpal impaction. He had wrist surgical arthroscopy with TFCC debridement, distal ulna way for resection, and chondroplasty of the lunate on March 19, 2014. He was also diagnosed with right cubital tunnel syndrome. On August 14, 2014, due to no significant improvement, an ulnar shortening osteotomy was recommended. Post-surgical physical therapy authorization prospectively was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 INITIAL POST OPERATIVE HAND THERAPY FOR THE RIGHT ULNA/WRIST, TWELVE SESSIONS AS OUTPATIENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The guidelines do not specifically address ulnar shortening osteotomy but do specify postsurgical treatment with arthroplasty/fusion for arthropathy of the wrist/finger to

include 24 visits over 8 weeks with a postsurgical physical medicine treatment period of 4 months. Although the utilization review of September 5, 2014 provided a determination of the request to be noncertified, the following statement was made in the body of the review: "Given the significant operative intervention performed, the request for physical therapy visits are considered medically necessary from a clinical perspective and given the recommendation of the ODG for up to 24 visits following post surgical treatment for arthropathy, the request is considered medically necessary and recommended for certification." I agree with this statement and therefore consider the request to be medically necessary.