

Case Number:	CM15-0010707		
Date Assigned:	01/28/2015	Date of Injury:	05/03/2004
Decision Date:	03/18/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/20/2015

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 45 year old female who sustained an industrial injury on 5/3/04. The injured worker was diagnosed with right triangular fibrocartilage complex (TFCC) tear, ulnocarpal abutment, and bilateral lateral epicondylitis. She underwent right ulnar shortening osteoplasty, triangular fibrocartilage complex debridement, and lateral epicondylar release on 9/22/14, with 24 post-op physical therapy sessions approved. Provider documentation dated 12/2/14 noted the injured worker presents with stiffness in supination, 70 degrees, and some reduced wrist range of motion. The treating physician is requesting additional post-operative physical therapy 1 to 2 times a week for 6 to 8 weeks for the right elbow, wrist and hand. On 1/9/15, Utilization Review non-certified a request for additional post-operative physical therapy 1 to 2 times a week for 6 to 8 weeks for the right elbow, wrist and hand as the patient had only completed 15/24 physical therapy sessions as of 12/16/14. The MTUS, ACOEM Guidelines, (or ODG) was cited. The 1/22/15 treating physician report cited continued improvement but significant functional limitations in her wrist related to loss of supination (75 degrees) with difficulty in activities of daily living. Additional therapy was recommended to improve supination. Records indicated that the patient had completed 24/24 visits as of 1/27/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post op physical therapy 1 to 2 times a week for 6-8 weeks for the right elbow wrist and hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17, 22.

Decision rationale: The California Post-Surgical Treatment Guidelines for lateral epicondylitis and TFCC debridement suggest a general course of 10 to 12 post-operative physical medicine visits over 12 weeks. The post-surgical treatment period was defined as 6 months. 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. Guideline criteria have not been met. This patient presents with residual mild limitation in supination with associated functional difficulty in activities of daily living. She has completed 24 post-op physical therapy visits. This request for 16 additional post-op visits markedly exceeds guidelines. There is no compelling reason to support the medical necessity of 16 visits of additional supervised physical therapy visits over a home exercise program for continued functional rehabilitation. Therefore, this request for additional post-operative physical therapy 1 to 2 times a week for 6 to 8 weeks for the right elbow, wrist and hand is not medically necessary.