

Case Number:	CM15-0124978		
Date Assigned:	07/16/2015	Date of Injury:	02/22/2012
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 35 year old female who sustained an industrial injury on February 22, 2012. She has reported right wrist injury and has been diagnosed with status post right dorsal compartment tenosynovectomy and de Quervain release. Treatment has included medications, activity modification, physical therapy, a home exercise program, and surgery. Objective findings note the incision was well healed. There was tenderness of the right shoulder and cervical spine. No focal upper extremity neurologic findings were present. The treatment request included additional postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post operative physical therapy for the right wrist three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20-21.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21 and 20.

Decision rationale: Additional post operative physical therapy for the right wrist three times a week for four weeks is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 14 postoperative visits for this patient's surgeries. The documentation is not clear on how many prior PT sessions the patient has had. The documentation does not reveal physical exam findings that necessitate 12 more PT sessions for the wrist.