MAXIMUS Federal Services

Case Number:	CM15-0178776		
Date Assigned:	09/21/2015	Date of Injury:	05/19/2015
Decision Date:	10/29/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of May 19, 2015. In a Utilization Review report dated August 12, 2015, the claims administrator seemingly approved a request for 18 sessions of hand therapy and wrist therapy as 12 sessions of the same. The claims administrator contended that the applicant had undergone a triangular fibrocartilage repair on August 10, 2015. An office visit of July 29, 2015 was also cited in the determination. The applicant's attorney subsequently appealed. In an operative report dated August 10, 2015, the applicant underwent a right wrist diagnostic arthroscopy, wrist arthrostomy, and triangular fibrocartilage repair with associated splint application. On progress note dated July 29, 2015, the attending provider suggested moving forward with surgical procedure to ameliorate a wrist triangular fibrocartilage tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy 3 times a week for 6 weeks right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: No, the request for 18 sessions of physical therapy for the wrist was not medically necessary, medically appropriate, or indicated here. The request for 18 sessions of hand therapy was not medically necessary, medically appropriate, or indicated here. The request was framed as a first-time request for hand therapy following earlier wrist arthroscopy, arthrotomy, and TFCC repair surgery of August 10, 2015. While the MTUS Postsurgical Treatment Guidelines do support a general course of 10 sessions of treatment following wrist arthroscopic TFCC debridement surgery and also support a general course of 20 sessions of postoperative treatment following intracarpal ligament reconstruction surgery, i.e., a procedure analogous to the arthroscopy, arthrotomy, and TFCC repair procedure which transpired here, both recommendations are qualified by commentary made in MTUS 9792.24.3.a2 to the effect that an initial course of postsurgical treatment represents one half of the general course of therapy for the specified surgery. Here, thus, the request for 18 initial treatments, thus, in effect, represented initiation of treatment above and beyond MTUS parameters. MTUS 9792.24.3.c4 further stipulates that applicants shall be reevaluated every 45 days so as to document functional improvement needed to justify continued physical medicine treatment. Here, thus, the request for 18 sessions of initial postoperative therapy, thus, ran counter to MTUS 9792.24.3.c4 as did not contain a proviso to reevaluate the applicant after initiation of treatment so as to ensure functional improvement with same before moving forward with further therapy. Therefore, the request was not medically necessary.