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| Case Number: | CM13-0055940 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 08/14/2013 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/01/2013 |
| Priority: | Standard | Application Received: | 11/21/2013 |

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

According to the records made available for review, the injured worker is a 43 year-old male with a date of injury of 08/14/2013. The results of the industrial injury include left wrist pain. Diagnoses have included pain in joint involving forearm; and ligamentous tear and derangement of the left wrist. Diagnostic studies have included an MRI of the left wrist, dated 09/30/2013, which revealed tear of the central portion of the left triangular fibrocartilage near the radial attachment measuring 2 mm in transverse dimension; longitudinal tear of the left extensor carpi ulnaris tendon at the level of the ulnar groove extending to a length of 2 cm; sprain versus perforation of the dorsal aspect of the membranous portion of the left scapholunate ligament; mild subchondral edema on both sides of the left third carpometacarpal joint; and dorsal spurring from the left third carpometacarpal joint. Treatments have included medications, bracing, plaster splint, and physical therapy. Medications have included Motrin and Norco. A progress note from the treating physician, dated 10/21/2013, documents an orthopedic evaluation of the left wrist of the injured worker. The injured worker reported severe and worsening left wrist pain; and prolonged immobilization and protective braces did not improve the symptoms. Objective findings included moderate swelling and sensitivity along the left ECU tendon sheath; and resisted wrist extension significantly worsens the pain and discomfort; pain and focal tenderness over the ulnar snuffbox/fovea; axial compression and radioulnar deviation of the left wrist elicit pain and discomfort in both directions; and resisted pronation and supination significantly worsen the pain, far more so with supination. Work status is listed as modified activity with restrictions. Treatment plan was documented to include a left ECU tendon sheath corticosteroid

injection; and schedule left wrist arthroscopy with possible synovectomy to assess SLI and TFCC. Request is being made for a prescription for Post Op Physical Therapy 3xWk x 4Wks left Wrist. On 11/01/2013, Utilization Review non-certified a prescription for Post Op Physical Therapy 3xWk x 4Wks left Wrist. Utilization Review non-certified a prescription for Post Op Physical Therapy 3xWk x 4Wks left Wrist based on the surgical procedure being not medically necessary; therefore, the post-op physical therapy is not necessary. The Utilization Review cited the CA MTUS, 2009, Post-Surgical Treatment Guidelines: Forearm, Wrist, and Hand. Application for independent medical review was made on 11/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY FOR THE LEFT WRIST (12 SESSIONS):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Forearm, Wrist and Hand Section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy left wrist (12 sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are pain joint involving forearm; and ligamentous tear of the left wrist. The injured worker received physical therapy three times a week times two weeks with a home exercise program in a progress note dated August 15, 2013. The injured worker has been wearing a brace and doing modified activities. The MRI of the left wrist showed a triangular fibrocartilage complex tear (TFCC) and an extensive carpi ulnaris (ECU) tendinitis. The prior request for wrist arthroscopy to assess SLIL and TFCC were denied according to a December 16, 2013 progress note. This request is for postoperative physical therapy to the left wrist (12 sessions). Consequently, the surgery was denied as not medically necessary and, as a result, post operative physical therapy left wrist is denied. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, postoperative physical therapy to the left wrist (12 sessions) is not medically necessary.