

Case Number:	CM14-0035297		
Date Assigned:	08/18/2014	Date of Injury:	09/18/2011
Decision Date:	11/19/2015	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/21/2014

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. 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, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 64 year old female with an industrial injury dated 09-18-2011. A review of the medical records indicates that the injured worker is undergoing treatment for left wrist internal derangement status post arthroscopic repair, rule out ulnar neuropathy about the wrist, left wrist internal derangement, right carpometacarpal arthritis, left wrist internal derangement, status post partial fusion, and lumbar strain. According to the progress note dated 1-21-2014, the injured worker reported persistent back pain and left wrist symptoms. The injured worker was provided with a course of steroid to reduce inflammation and she was receiving hand therapy. Pain level score was not reported (01-21-2014 and 2-25-2014). Objective findings (01-21-2014 to 2-25-2014) revealed well-healed surgical scar on the left wrist, edema throughout the left wrist, and significantly limited grip strength. According to the progress note dated 02-25-2014, the injured worker reported that she continues to have significant pain in the left wrist, limitation in her left wrist, hypersensitivity in the area and numbness over the dorsum hand. Treatment has included diagnostic studies, prescribed medications, acupuncture, at least 10 hand therapy visits and periodic follow up visits. The treatment plan included additional acupuncture for low back and additional hand therapy. The injured worker's work status was temporary total disability. The treating physician prescribed services for physical therapy three times a week for four weeks left wrist for TENS modalities. The utilization review dated 02-27-2014, modified the request for physical therapy two times a week for three weeks left wrist for TENS modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three times a week for four weeks left wrist TENS modalities: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

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

Decision rationale: The patient is a 64 year old female who had undergone left open scapholunate ligament reconstruction and lunotriquetral joint arthrodesis on 11/19/2013 for internal derangement of the left wrist metacarpal ligament tears and left wrist carpal instability. Postoperatively, she continued to have significant pain, limitation in motion and edema that was affecting function. This had been treated with multi-modal therapy, including 11 visits of physical therapy and medical management. Documentation from 2/18/14 noted that the patient was continuing to benefit from physical therapy with increasing function and less swelling but was hampered from an ulnar sensory neuritis. A request was made for continued physical therapy. Post-surgical treatment guidelines applicable are as follows: Arthropathy, unspecified (ICD9 716.9): Postsurgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months. Wrist - intercarpal ligament reconstruction or repair [DWC]: Postsurgical treatment 20 visits over 6 months. Postsurgical physical medicine treatment period: 8 months. As the patient had had left wrist ligament reconstruction and partial fusion of the left wrist, approximately 3 months prior to the request, she is still within the treatment period of both surgeries. In addition, as the patient had only completed 11 physical therapy visits to date, further visits are consistent with the above guidelines. Therefore, an additional 12 visits should be considered within the recommended guidelines, owing to the combination of 2 complex surgical interventions. It should be considered medically necessary. The UR stated in its denial, the number of completed physical therapy visits was not available. However, this was provided in the medical records in this review. Thus, this should satisfy the concern of the previous UR.