

<b>Case Number:</b>	CM13-0001282		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/12/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 65-year-old male who reported injury on 05/01/2013. The mechanism of injury was not provided. The injured worker underwent an open reduction of a trans-styloid perilunate dislocation and carpal tunnel release on 05/01/2013. He subsequently underwent an open reduction and internal fixation styloid reduction of the scapholunate with the use of K-wires for stabilization on 05/15/2013. The wires were removed on 07/01/2013. The diagnosis was left wrist dislocation. The documentation of 07/01/2013 and treatment plan indicated that revealed the injured worker was ready to transition from a cast to a removable splint and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 1-3 X WEEK FOR 8-12 WEEK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Forearm, Wrist And Hand, Physical/Occupational Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California MTUS Postsurgical Treatment Guidelines indicate that 16 visits are appropriate for the dislocation of a wrist. The initial therapy is half the recommended number of visits. This request would be supported for 8 physical therapy visits. The request as

submitted would be excessive. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the body part to be treated with physical therapy. Given the above, the request for physical therapy 1-3 x week for 8-12 weeks is not medically necessary.