

Case Number:	CM13-0006261		
Date Assigned:	01/10/2014	Date of Injury:	06/26/2012
Decision Date:	03/19/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 claimant is a 48 year old female injured in a work related accident June 26, 2012 sustaining an injury to the right wrist. The clinical records for review indicate following a course of conservative care the claimant is status post a right wrist arthroscopic synovectomy and open reconstruction of the TFCC this occurred on November 21, 2012. A recent August 20, 2013 assessment with [REDACTED] indicated ongoing complaints of pain about the wrist. It stated subjectively the claimant's right hand was with diminished function since the time of operative intervention but has been improving gradually with the use of physical therapy twice weekly since the time of the operative procedure, objectively there is noted to be a well healed incision, steroid atrophy noted about overlying skin with full range of motion to 65 degrees of dorsiflexion and 65 degrees of volar flexion, grip strength is mildly diminished about the right hand. The recommendation was for continuation of physical therapy and course of Ibuprofen for postoperative management. At present there is a request for "postoperative physical therapy right wrist" with no documentation of total number of sessions being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy to the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand Procedure, Dislocation of Wrist

Decision rationale: The California MTUS Post surgical rehabilitative guidelines are silent as it only addresses surgical process following a TFCC debridement. When looking at the Official Guidelines criteria the clinical indication for physical therapy following a TFCC repair would include the role of sixteen sessions over a ten week period of time in the post operative setting. The records indicate the claimant is over a year from the time of surgery. It is noted the claimant has continued with physical therapy twice weekly since the time of operative intervention the current request would far exceed the guideline criteria that would not recommend the role of therapy beyond a ten week period of time. The specific request for continuation of physical therapy would not be indicated at the present.