

<b>Case Number:</b>	CM13-0008124		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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 Physical Medicine and 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 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 patient is a 31-year-old female who reported an injury on 04/12/2012. The mechanism of injury was noted to be the patient, while working as a dietetic aide, incurred injury when dishes got stuck inside the dishwasher and the patient with the smallest hands was to try and get the trays moving that were stuck in the dishwasher. It was indicated that the patient had immediate pain to her right wrist with severe pressure on the right ulnar surface and the metacarpals and carpals of the right hand. The patient was noted to have undergone a right wrist arthroscopy with mid carpal and ulnar carpal synovectomy, and distal radial ulnar joint reconstruction on 11/30/2012. The patient was noted to have undergone 24 physical therapy sessions, and 10 work conditioning sessions. The patient's diagnoses were noted to include right wrist disruption and right scapholunate dissociation. The request was made for physical therapy, 2 times a week for 6 weeks to the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for six weeks to the right wrist:** 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 rationale:**