

<b>Case Number:</b>	CM13-0019886		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for forearm pain reportedly associated with an industrial injury of September 13, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy over the life of the claim; and extensive periods of time off of work. In a utilization review report of August 20, 2013, the claims administrator certified a preoperative history and physical, certified preoperative labs, certified 10 sessions of postoperative physical therapy, and certified a custom splint. The applicant has apparently been certified to undergo a wrist arthroscopy with intercarpal ligament reconstruction. Despite having received a 10-session partial certification and physical therapy, the applicant's attorney appealed. An earlier clinical progress note of January 16, 2013 is notable for comments that the applicant should undergo an arthroscopy of the left wrist to definitively diagnose his problem. Operating diagnosis is that of a scapholunate ligament tear of the left wrist. The applicant is placed off of work as of that point in time, it appears.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial PO physical therapy two (2) times a week for six (6) weeks for the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 22.

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

**Decision rationale:** As noted in MTUS 9792.24.3.a.2, an initial course of postoperative therapy represents one-half of the course of treatment specified the general course of therapy for the specific surgery in question. In this case, MTUS 9792.24.3 suggests postsurgical treatment course of 20 sessions over months following wrist intercarpal ligament reconstruction or repair surgery. Thus, one-half of the treatment course here would represent 10 sessions of treatment. The attending provider and applicant's attorney have sought 12 sessions of treatment. This is slightly in excess of the MTUS guidelines. Therefore, the request is not certified in light of the fact that the claims administrator previous partially certified a course which did conform to the MTUS-endorsed course.