

Case Number:	CM13-0024373		
Date Assigned:	11/20/2013	Date of Injury:	05/16/2012
Decision Date:	01/28/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/16/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 36-year-old female who sustained a work-related injury on 05/16/2012. An MRI of the right wrist revealed a partial tear of the meniscal homolog of the TFCC, fluid collection distal to the triquetrum, moderate de Quervain's tenosynovitis, and tendinopathy and tenosynovitis at the 2nd and 3rd extensor compartments which subsequently led to right wrist surgery on 05/08/2013. The patient also attended pre and postsurgical physical therapy for a total of 20 visits. The most recent progress report dated 09/24/2013 documented subjective complaints of continued ulnar sided right wrist pain. Objective findings revealed no tenderness throughout the wrist and range of motion of 75 degrees upon flexion and extension. Right hand grip strength was 35/45/50 pounds in 3 successive trials. The treatment plan indicated the patient was doing well and was currently finishing out her therapy, and that she would return to work with modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times three sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines indicate that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The clinical information submitted for review indicates the patient has undergone extensive physical therapy and should be well versed in an independent and self-directed home exercise program to continue/maintain functional improvement and pain reduction. As such, the request for physical therapy two times three sessions is non-certified.