

Case Number:	CM13-0053347		
Date Assigned:	02/20/2014	Date of Injury:	10/06/2009
Decision Date:	06/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/07/2013

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 Plastic Surgery and Hand Surgery and is licensed to practice in Oregon. 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:

This is a 45-year-old male who lost his balance and fell onto an air compressor on October 6, 2009. He sustained a hyperextension injury to his left wrist. He is diagnosed with an unstable distal radius ulnar joint and scapholunate dissociation.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY LEFT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER (HAND & ANKLE).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20-23.

Decision rationale: The Post-Surgical Treatment Guidelines supports postoperative occupational therapy for wrist intercarpal ligament reconstruction and for TFCC repair or debridement. In this case, the records do not document that a plan for surgery has been certified. A specific operative plan is not provided. Postoperative therapy is appropriate once surgery has been certified and completed, neither of which has occurred in this case. The request for post-operative physical therapy for the left wrist is not medically necessary or appropriate.

