

<b>Case Number:</b>	CM13-0060696		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/07/2009
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 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 33-year-old male who reported an injury on 11/07/2001. The mechanism of injury involved a fall. The patient is diagnosed with Kienbock's disease. The patient was seen by [REDACTED] on 09/12/2013. The patient reported ongoing right wrist pain. Physical examination revealed diminished grip strength on the right, decreased range of motion, and positive Phalen's testing, Tinel's testing, Finkelstein's testing, and Allen's testing. Treatment recommendations included a radial shortening osteotomy with postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **9 Post Operative Physical Therapy Visit: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-22.

**Decision rationale:** California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following repair of the radius and ulna includes 16 visits over 8 weeks. Therefore, the current request for 9

sessions of postoperative physical therapy exceeds guideline recommendations. Additionally, there is no indication that this patient's surgical procedure has been authorized. As such, the request is non-certified.