

Case Number:	CM13-0070016		
Date Assigned:	01/03/2014	Date of Injury:	08/14/2013
Decision Date:	04/22/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/23/2013

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 Orthopedic Surgery, 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 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:

The patient is a 44 year old who reported an injury on 8/14/13. The mechanism of injury was a fall. The patient has reported continued pain to his left wrist since his injury. The patient had an MRI that revealed a tear of the central portion of the left triangular fibrocartilage, a tear of the radial attachment, and a longitudinal tear of the left extensor carpi ulnaris tendon at the level of the ulnar groove. On physical exam, moderate swelling and sensitive along the left extensor carpi ulnaris sheath and resisted wrist extension significantly worsens the pain and discomfort. He has pain and focal tenderness over the ulnar snuffbox/fovea and no pain was noted on the entire flexor carpi radialis tendon. The patient received a corticosteroid injection to the extensor carpi ulnaris on the 10/21/13 visit. It is noted on this visit that the patient was pending surgery for left wrist arthroscopy to assess scapholunate interosseous ligament and triangular fibrocartilage complex with possible synovectomy and triangular debridement repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20, 22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines recommend 10 visits of physical therapy over 10 weeks within a four month period for postsurgical treatment of arthroscopic debridement. A patient should undergo a trial period and then be reassessed to show that the patient is obtaining measurable gains. It is not indicated that the patient has had the pending surgery. The above request for physical therapy exceeds the number of sessions documented in the guidelines. Therefore the request for post-operative physical therapy is not medically necessary.