

<b>Case Number:</b>	CM14-0107370		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Pennsylvania. 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 injured worker is a 57-year-old female who sustained multiple injuries including the wrist and knee in work related accident on 07/16/13. The records provided for review document that the claimant is status post right wrist arthroscopy and debridement of the TFCC with synovectomy and concordant release of the first dorsal extensor compartment performed on 02/21/14. Postoperative clinical records to date indicate the claimant has undergone 15 sessions of physical therapy. The postoperative report dated 06/13/14 indicates minimal complaints of pain with physical examination showing the use of a wrist brace, tenderness to palpation over the dorsal aspect of the wrist and no motor deficit. This review is for the request for continuation of physical therapy to include six additional sessions to the wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 6 sessions of Physical Therapy 2 x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 9.

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

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines, six additional sessions of therapy would not be indicated. The medical records document that the

claimant has already undergone 15 sessions of physical therapy since time of the February 2014 surgery. There is no documentation of weakness. The request for six additional sessions would exceed the Post-Surgical Guidelines, which recommend up to ten visits over a ten week period of time for TFCC injuries and no more than 14 visits for postoperative treatment of DeQuervain's tenosynovitis. The Chronic Pain Guidelines do not support the request for six additional therapy sessions. Therefore the request is not medically necessary.