

Case Number:	CM14-0124940		
Date Assigned:	08/11/2014	Date of Injury:	06/04/2013
Decision Date:	09/11/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 male patient with the date of injury of June 4, 2013. A Utilization Review was performed on July 22, 2014 and recommended modification of physical therapy of the left wrist two times per week for 6 weeks to physical therapy left wrist 2x3. The patient underwent diagnostic arthroscopy, arthroscopic debridement of the triangular fibrocartilage complex of the left wrist, arthroscopic synovectomy of the left wrist, and joint injection on June 27, 2014. Prior treatments have included 12 sessions of occupational therapy and 8 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Physical therapy for the left wrist twice a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): page(s) 21.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines recommend up to 10 total PT sessions after arthroscopic debridement of TFCC injuries, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation

available for review, there is documentation of 12 sessions of occupational therapy and 8 sessions of physical therapy having been completed previously, which exceeds guidelines. There is no indication of any objective functional improvement from the post operative therapy already completed, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the request for physical therapy for the left wrist twice a week for three weeks is not medically necessary and appropriate.