

<b>Case Number:</b>	CM14-0047210		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Interventional Spine 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:

The patient is a 35 years old female with an injury date on 08/16/2014. Based on the 03/19/2014 progress report provided by [REDACTED], the diagnoses are left ulnar impaction syndrome, left triangular fibrocartilage complex (TFCC) ligament tear of the wrist, and a work accident. According to the 03/19/2014 report by [REDACTED] this patient presents with left wrist pain with 50-60% improvement. Wrist range of motion limited with extension and flexion. The patient was instructed to do home exercise program: range of motion of the wrist and strengthening of the fingers and wrist. On 10/20/2013 the patient has right wrist ulnar osteotomy shortening, right wrist arthroscopic synovectomy and right wrist open triangular fibrocartilage complex repair. There were no other significant findings noted on this report. [REDACTED] is requesting continued hand therapy for left wrist 2 times a week for 4 weeks. The utilization review denied the request on 04/09/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/16/13 to 03/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Hand Therapy for Left Wrist 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** According to the 03/19/2014 report by [REDACTED] this patient presents with left wrist pain with 50-60% improvement. The patient is status post left wrist TFCC surgery from 10/20/13 and is outside of post-surgical time-frame and for therapy treatments. The current request is for continuation of physical therapy for 8 sessions but the treating physician's report and request for authorization containing the request are not included in the file. The UR denial letter states the claimant has been authorized for 12 post-operative physical therapy sessions. However, details regarding treatment, including physical therapy notes are not submitted for review. The claimant's specific response to the treatment to date, including specific and sustained functional benefits, is unclear. Regarding neuralgia, neuritis, and radiculitis type condition, MTUS guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. In this case, the physician has asked for 8 sessions of therapy for the left wrist and the patient is outside of post-op time frame. The physician does not explain why the patient is in need of additional therapy. The patient appears to be improving and it is not explained why the patient is unable to perform the necessary home exercises and what a formalized therapy will accomplish. Therefore the request is not medically necessary.