

<b>Case Number:</b>	CM14-0047926		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 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 injured workers name is [REDACTED] who is a 53 year old female that reported an injury on 05/13/2013. The mechanism of injury was slip and fall. The diagnosis is right wrist status post dorsal wrist ganglion excision. Her past treatment included 15 sessions of physical therapy post-surgical. Surgical history includes a right wrist dorsal ganglion excision, triangular fibrocartilage complex (TFCC) reconstruction on 09/03/2013. The patient complains of continued right wrist mild flex sympathetic dystrophy. There are no current medications documented. The request is for physical therapy 2 times a week for 4 week for the right wrist. There is no current clinical submitted with range of motion deficits or complaints of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 Times a Week x 4 Weeks, Right Wrist (8 Visits): 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.

**Decision rationale:** The request is for physical therapy 2 times a week for 4 weeks for the right wrist; however, there is no current clinical notes submitted for the continued physical therapy.

According to California Medical Treatment Utilization Schedule (MTUS), postsurgical treatment for a TFCC reconstruction is 16 visits over 10 weeks. The patient has completed post-surgical 15 sessions of physical therapy. As such, the request is not medically necessary.