MAXIMUS Federal Services

Case Number:	CM14-0059996		
Date Assigned:	07/11/2014	Date of Injury:	08/14/2013
Decision Date:	09/22/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/30/2014

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, has a subspecialty in Hand Surgery and is licensed to practice in Indiana. 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:

44 yr old male who sustained a work related injury 08/14/13. Mechanism of injury was a slip and fall, landing on an outstretched left wrist. Diagnosis is left wrist strain. Claimants works as a hospital chef. Significant swelling and pain noted to the wrist. Diagnostics revealed a left triangular fibrocartilage tear as well as ECU tinnitus. Claimant was treated conservatively with injection, physical therapy, oral medications and activity restrictions. Symptoms improved for a few weeks but then recurred. Claimant then underwent surgical intervention on 03/08/14, left wrist arthroscopy with repair of fibrocartilage tear. Ten post-operative physical therapy visits were authorized. There is no progress note from physician or therapy to evaluate how patient has progressed with physical therapy interventions. Thus, further therapy cannot be deemed medically appropriate as there no information to support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Physical Therapy 3x Weeks x 4 weeks Left Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: There are no updated progress notes from either physician or physical therapist identifying progress with ten sessions of therapy, nor is there any note identifying current deficits and limitations. Without such, further therapy visits would not be warranted and are not medically necessary.