

Case Number:	CM14-0063497		
Date Assigned:	07/16/2014	Date of Injury:	06/15/2013
Decision Date:	09/12/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/06/2014

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 & Rehabilitation, and is licensed to practice in Texas. 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 60 year old female nurse who reportedly was injured on 06/15/13 when she fell onto her outstretched hand. The injured worker sustained a right wrist fracture. The records indicate that the injured worker started occupational therapy on 08/19/13. She remained symptomatic and subsequently underwent Triangular Fibrocartilage Complex (TFCC) ligament repair on 01/15/14. The injured worker is noted to have participated in 20 postoperative physical/occupational therapy visits, and has been certified for 25 visits. A request for continued OT x 6 to the right wrist was non-certified per utilization review dated 04/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: CA MTUS guidelines support up to 16 visits over 10 weeks following TFCC repair surgery. The injured worker already has exceeded this having completed 20 therapy postoperative visits with a total of 25 visits authorized. The injured worker also had extensive

therapy prior to surgery. The injured worker should be fully capable of independently pursuing a self-directed home exercise program without the need for additional formal supervised physical/occupational therapy. Per the previous utilization review, there was no significant functional gain in range of motion documented by the physical therapy notes from 03/11/14 and 04/15/14. Based on the clinical information provided, the request is not medically necessary. CA MTUS guidelines support up to 16 visits over 10 weeks following TFCC repair surgery. The injured worker already has exceeded this having completed 20 therapy postoperative visits with a total of 25 visits authorized. The injured worker also had extensive therapy prior to surgery. The injured worker should be fully capable of independently pursuing a self-directed home exercise program without the need for additional formal supervised physical/occupational therapy. Per the previous utilization review, there was no significant functional gain in range of motion documented by the physical therapy notes from 03/11/14 and 04/15/14. Based on the clinical information provided, the request is not medically necessary.