

Case Number:	CM14-0089226		
Date Assigned:	07/23/2014	Date of Injury:	01/09/2003
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 70-year-old male who reported an injury on 01/09/2003. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his right wrist and hand. The injured worker was evaluated on 05/20/2014. It was noted that the injured worker had completed 5 out of 12 physical therapy sessions and had an increase in range of motion but no increase in strength. Physical findings included decreased right hand swelling and increased range of motion of the right thumb. The injured worker's diagnoses included status post right trapezial metacarpal joint interposition arthroplasty. The injured worker's treatment plan included a new thumb splint and continued physical therapy 3 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy visits for the right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The requested Twelve (12) physical therapy visits for the right wrist/hand are not medically necessary or appropriate. California Medical Treatment Utilization Schedule

recommends up to 24 physical therapy visits status post thumb arthroplasty. However, the clinical documentation submitted for review indicates that the injured worker has only completed 5 out of 12 already authorized visits. The outcome of those visits would need to be provided to determine whether there is an ongoing need for additional physical therapy. As such, the requested 12 physical therapy visits for the right wrist and hand are not medically necessary or appropriate.