

Case Number:	CM14-0189640		
Date Assigned:	11/20/2014	Date of Injury:	08/17/2014
Decision Date:	01/08/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/13/2014

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 Washington. 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 35-year-old male who reported an injury on 08/17/2014, while he was working as a delivery man; he picked up a milk crate and felt a pinch to the wrist. The injured worker had a diagnosis of a right wrist sprain. Surgical history was not provided. No diagnostics provided. Medication included Ibuprofen. Objective findings dated 10/23/2014 revealed no acute distress, right wrist continued to reveal tenderness to palpation over the triangular fibrocartilage complex (TFCC) and over the ulnar aspect of the wrist. Pain over the TFCC with resisted wrist and forearm supination. The wrist was neurovascularly intact. Grip strength was 16 kg on the right and 20 kg on the left. The prior treatment plan included medication. The treatment plan included a follow-up for surgery for a debridement. Request for Authorization dated 11/20/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy twice a month for two months for the right wrist: 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): 11, 12.

Decision rationale: The request for postoperative physical therapy twice a month for two months for the right wrist is not medically necessary. The California MTUS indicates that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. TFCC injuries-debridement arthroscopic is 10 visits over 10 weeks within 4 months. The documentation lacked any imaging studies to support the need for surgical intervention. Failed conservative care has not been ruled out. Additionally, there is no documentation that the patient has had the surgical procedure was performed. Therefore, the request is not medically necessary.