

Case Number:	CM14-0192094		
Date Assigned:	11/24/2014	Date of Injury:	05/30/2013
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/16/2014

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Illinois. 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 52-year-old male who reported an injury on 05/30/2013 due to an unspecified mechanism of injury. On 10/27/2014, he reported bilateral knee swelling and stated that his walking was limited to 10 minutes due to low back pain and that he had had increased low back pain since therapy on 10/22/2014. A physical examination showed that there was no lateral shift of the lumbar spine. There was minimal analgia with the left lower extremity weight bearing and a greatly increased right arm swing. Range of motion of the lumbar spine was within functional limits; hip range of motion with extension was to 5 degrees on the right and 10 degrees on the left. Strength was noted to be at 4/5 in the bilateral knees with extension and flexion. The injured worker's surgical history was significant for surgery of the right wrist on 01/27/2014; a revision of the scapholunate ligament revision and reconstruction of the right wrist on 05/19/2014; and removal of hardware on 06/30/2014. Diagnostic studies were not provided within the medical records. Information regarding the injured worker's medications, past treatments, and relevant diagnoses was not provided for review. The treatment plan was for 12 postoperative physical therapy sessions for the right wrist. The Request for Authorization form was signed on 11/07/2014. The rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-operative physical therapy sessions for the right wrist: 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): 22.

Decision rationale: The California MTUS Postsurgical Rehabilitation Treatment Guidelines state that 20 visits over 6 months of physical therapy are recommended for the injured worker's condition. Based on the clinical information submitted for review, the injured worker was noted to be status post multiple right wrists surgeries. However, it was unclear if the injured worker had undergone any previous physical therapy to address his postoperative pain and deficits. Without this information, physical therapy sessions would not be supported. In addition, there was a lack of documentation showing efficacy of those sessions with an objective functional improvement and a quantitative decrease in pain. Given the above, the request is not medically necessary.