MAXIMUS Federal Services

Case Number:	CM14-0202452		
Date Assigned:	12/15/2014	Date of Injury:	08/26/2010
Decision Date:	02/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/03/2014

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 Family Practice and is licensed to practice in Utah. 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 45 year old male who sustained a work related injury on 08/25/2010. The injured worker reported that while unloading cabinet/scenery he developed a pain to his right wrist. Diagnoses consist of Treatments have included medication, physical therapy, bracing, radiocarpal intraarticular corticosteroid injection, and acupuncture. The injured worker underwent a right wrist arthroscopic debridement of a triangular fibrocartilage complex tear on 05/16/2011 and diagnostic wrist arthroscopy with distal radial ulnar joint fusion with ulnar nerve release on 07/01/2013. The injured worker has undergone EMG/NCV right upper extremity 10/2014. The primary physician report dated 09/23/2014 the physician documents that the injured worker reports continued difficulties with use of right upper extremity upon examination the treating physician noted prominence at dorsum of forearm distal aspect near wrist, Positive Cozen's at elbow, and positive Tinel's Phalen's at wrist. This is a request for decision for Physical Therapy 12 sessions 2 times a week for 6 weeks Right Wrist. On 11/05/2014 Utilization Review was performed the request for the Physical Therapy 12 sessions 2 times a week for 6 weeks Right Wrist, was recommended for partial certification. In this case the treating physician documented that the injured worker reported continued difficulties with activities of daily living with use of right upper extremity upon examination the physician noted prominence at dorsum of forearm distal aspect near wrist, Positive Cozen's at elbow, and positive Tinel's Phalen's at wrist. Based on the clinical information submitted for this review and using the evidence -based CA MTUS guidelines page 98 Physical Medicine, the Physical Therapy 12 sessions 2 times a week for 6 weeks Right Wrist was recommended for partial certification for 2x3 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 sessions 2 times a week for 6 weeks Right Wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Physical Therapy, Wrist, Dislocation of the wrist. TFCC tear..

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for 12 session of physical therapy. MTUS guidelines state the following: Dislocation of wrist (ICD9 833): Postsurgical treatment (TFCC reconstruction): 16 visits over 10 weeks. *Postsurgical physical medicine treatment period: 4 months. According to the clinical documentation provided and current MTUS guidelines; 12 sessions of physical therapy for the post-surgical intervention for the TFCC tear is indicated as a medical necessity to the patient at this time.