

Case Number:	CM14-0204850		
Date Assigned:	12/17/2014	Date of Injury:	02/15/2011
Decision Date:	02/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 25-year old female claimant had an industrial injury dated 02/15/11. The patient is status post a right wrist surgery dated 07/29/14 in which included a first extensor compartment release, extensor tendon tenosynovectomy of the right wrist. The patient has completed 12 postoperative physical therapy sessions and has seen improvement. Other conservative treatments include medication, and injection and bracing for the right wrist. X-rays of the right wrist dated 08/06/14 provide evidence of no increase in osteoarthritis in the right hand/wrist. Exam note 09/24/14 states the patient returns with pain when completing specific movements of the wrist. The patient rates the pain a 4/10. The patient explains that the physical therapy sessions do help with mobility and strength of the right wrist. The patient explains that she experiences tightness and pain in the right wrist in which is resulting in soreness in the left wrist for having to overcompensate for the right wrist. Current medications include Hydrocodone, Orphenadrine Citrate, Diclofenac Sodium, and Pantoprazole. Treatment plan includes additional 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 3 times a week for 4 weeks (12 sessions), bilateral wrists and hands:
 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): 20.

Decision rationale: CA MTUS/Post Surgical Treatment guidelines, Fracture of radius/ulna, page 20 recommends 14 visits over 12 weeks. There is lack of demonstrated functional improvement in the exam note of 9/24/14. As the request exceeds the recommended guideline, the determination is for non-certification.