

Case Number:	CM15-0000098		
Date Assigned:	02/05/2015	Date of Injury:	01/16/2013
Decision Date:	04/02/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/31/2014

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: Internal Medicine

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 47 year old male, who sustained an industrial injury on January 16, 2013. The diagnoses have included sprain of wrist and ganglion cyst. Treatment to date has included physical therapy, ice and home exercise. Currently, the injured worker complains of wrist pain with flexion. In a progress note dated December 9, 2014, the treating provider report is hand written and not legible. On December 23, 2014 Utilization Review non-certified a physical therapy two times a week for four weeks left elbow, left hand and left wrist, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 left elbow, left wrist and left hand: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicate that for arthropathy, 24 visits of postsurgical physical therapy are recommended. The operative report dated 9/12/14 documented the performance of left wrist excision of lunate cyst, harvest of bone graft from the distal radius and application to lunate, wafer procedure of the distal ulna, and partial excision of the distal ulna. Diagnoses were left wrist lunate cyst and left wrist ulnar impaction syndrome. The request for 8 physical therapy visits is supported by MTUS Postsurgical Treatment Guidelines. Therefore, the request for PT physical therapy is medically necessary.