

<b>Case Number:</b>	CM15-0000347		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old woman sustained an industrial injury on 12/12/2013. The mechanism of injury is not detailed. Current diagnoses include a triangular fibrocartilage complex tear. Treatment has included oral medication, surgical intervention, post-operative splint, and post-operative physical therapy. Orthopedic notes dated 11/26/2014 and 12/29/2014 were reviewed and show indications of slow post-operative progression. A detailed examination shows decreased range of motion and stiffness. However, the provider states that she is still progressing, has not plateaued, and has tremendous potential to improve with the guidance of therapy. Recommendations are made for additional hand therapy distributed as two sessions per week for six weeks. On 12/11/2014, Utilization Review evaluated a prescription for an additional 12 sessions of hand therapy for the right wrist, that was submitted on 1/2/2015. The UR physician noted the worker's ongoing pain was felt to be out of proportion with the expected norm, she had made minimal post-operative progress, a palpable knot was identified, and further physical therapy was recommended. The MTUS, ACOEM Guidelines, or ODG was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued hand therapy for right wrist 2 x 6 (12 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

**Decision rationale:** Regarding the request for physical therapy, CA MTUS Postsurgical guidelines recommend up to 10 sessions. Within the documentation available for review, there is documentation of completion of at least 12 prior PT sessions. The provider does note some improvement, but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program. Furthermore, the patient has already exceeded the amount of PT recommended by the CA MTUS and there is no clear rationale for an additional 12 sessions, which would more than double the amount of supported sessions. In light of the above issues, the currently requested physical therapy is not medically necessary.