

Case Number:	CM15-0134076		
Date Assigned:	07/22/2015	Date of Injury:	08/23/2014
Decision Date:	08/19/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 25-year-old male who sustained an industrial injury on 8/23/2014 resulting in radiating right wrist pain. He was diagnosed with tear of the scapholunate ligament. Documented treatment has included right wrist triscaphe arthrodesis with hardware removal, physical and occupational therapy with reported gradual improvement, and medication. The injured worker continues to report frequent moderate sharp wrist pain, hand weakness, wrist swelling, and popping sensations. The treating physician's plan of care includes 8 additional occupational therapy sessions for the right wrist. Temporarily totally disabled as of 6/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy 2x4 (8) Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The request for physical therapy is considered not medically necessary. The patient had completed 32 sessions of physical therapy and should be proficient at continuing a home exercise program. This already exceeded the recommended maximum for physical therapy sessions: 24 sessions over 8 weeks. Additional physical therapy does not appear medically necessary. He continued with pain despite therapy. There are no changes in subjective and objective findings that would warrant additional physical therapy. A home exercise program should be continued at this time. Therefore, the request is considered not medically necessary.