

<b>Case Number:</b>	CM15-0034815		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	12/14/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: 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:

The injured worker is a 34 year old female, who sustained an industrial injury on December 14, 2013. The injured worker had reported right wrist pain. The diagnoses have included carpal tunnel syndrome and a right wrist arthroscopy with debridement of the triangular fibrocartilage complex. Treatment to date has included medication, physical therapy, electrodiagnostic studies, a splint and modified duty. Current documentation dated January 5, 2015 notes that the injured worker complained of right wrist pain with associated numbness and tingling of the hand. Physical examination of the right wrist revealed a positive Phalen's maneuver and Tinel's test. Range of motion of the wrist was normal and she had decreased grip strength. On February 17, 2015, Utilization Review modified a request for post-operative physical therapy two times a week for six weeks. The MTUS, Post-Surgical Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative PT two times a week for 6 weeks:** Upheld

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

**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 16 visits over 8 weeks with of those visits initially authorized. There is lack of demonstrated functional improvement in the exam note of 01/05/15. As the request exceeds the recommended guideline, the determination is for non-certification.