

Case Number:	CM15-0037277		
Date Assigned:	03/05/2015	Date of Injury:	11/16/2013
Decision Date:	04/16/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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

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 22-year-old male with an industrial injury dated 11/16/2013 while working as a tire technician. He sustained an injury to left wrist. Occupational therapy note dated 02/03/2015 notes wrist range of motion is improving well however the injured worker was still having significant pain in wrist. Diagnoses were right wrist arthroscopy with synovectomy of ulnocarpal joint and lunate chondroplasty. Prior treatments included splinting, ice anti-inflammatories, activity modification, therapies and cortisone injection. On 02/13/2015 the request for PT (certified hand therapy) 2 times 6 for the right wrist was non-certified by utilization review. MTUS, ACOEM and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy (Certifies Hand Therapy) 2 x 6 for the right wrist:

Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Post-surgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical/Occupational Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: This patient presents with right wrist pain. The patient is status post right wrist Arthroscopy and Synovectomy from 12/17/2014. The physician is requesting POST-OPERATIVE PHYSICAL THERAPY CERTIFIED HAND THERAPY 2X6 FOR THE RIGHT WRIST. The RFA from 02/10/2015 shows a request to provide certified therapy 2X6, 12 sessions. The patient's date of injury is from 11/16/2013 and he is currently on modified duty. The MTUS post-surgical guidelines page 18 to 20 on Arthropathy recommends 24 visits over eight weeks. The 12/30/2014 physical therapy evaluation shows that the patient has limited range of motion and weakness in the right hand. The plan of care includes reduction of inflammation, pain, swelling, increase range of motion, strength, functional use of upper extremity, and establish a home exercise program. The 02/03/2015 physical therapy report notes that the patient's wrist range of motion is improving well. Grip and pinch strength is increasing; however, the patient still has significant pain in the wrists with activities of daily living. The patient has received eight out of 12 visits. In this case, the requested 12 additional sessions when combined with the previous 8 visits that the patient has received is within guidelines. The request IS medically necessary.