

<b>Case Number:</b>	CM15-0037527		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 46 year old male sustained an industrial injury to the right wrist on 8/6/11. Previous treatment included right wrist fusion, physical therapy and medications. On 11/7/14, the injured worker suffered an acute flare-up of wrist pain and went to the Emergency Department. The injured worker was admitted to the hospital and received orthopedic evaluation, right wrist exploration under general anesthesia, medications, arm sling, wrist wrap and wrist splint. Physical exam was remarkable for right wrist with tenderness to palpation, swelling, effusion and limited range of motion. Current diagnoses included low back pain, chest pain, right wrist pain and lumbar radiculitis. The treatment plan included physical therapy for the right wrist twice a week for three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Post-operative physical therapy 2 times 3 for right wrist (completed on 12/5/14-1/5/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 11.

**Decision rationale:** Retrospective Post-operative physical therapy 2 times 3 for right wrist (completed on 12/5/14-1/5/15) is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines recommends to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. An 11/13/14, progress note states that there is only slight to moderate restrictions in right wrist ranges of motion, consistent with his wrist fusion. The flexion is 45 degrees, extension 40, ulnar deviation 20, and radial deviation 10 degrees. Per documentation patient had the same measurements made on 05/15/14, when he was discharged from post operative treatment. The MTUS Post Surgical Treatment Guidelines state that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The documentation indicates that the patient had post op therapy after the initial wrist fusion surgery on 6/25/13. The patient had exploratory surgery to evaluate for a wrist infection (which was not present) on 11/01/14. This surgery is not addressed in the MTUS Post Surgical Guidelines. The documentation indicates that the patient has the same wrist range of motion measurements in November 2014 as in May 2014 when he was to be discharged from post op treatment. The patient should be versed in a home exercise program. There are no extenuating factors which would require 6 more supervised therapy visits.