

Case Number:	CM15-0048989		
Date Assigned:	03/23/2015	Date of Injury:	02/10/2015
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/16/2015

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:

The injured worker is a 58 year old female who sustained an industrial injury on 2/10/15. The injured worker reported symptoms in the left wrist. The injured worker was diagnosed as having closed fracture of navicular [scaphoid] bone of wrist. Treatments to date have included activity modification, rest, ice, compression, elevation and nonsteroidal anti-inflammatory drugs. Currently, the injured worker complains of pain in the left wrist. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy 2 times a month for 2 months for left wrist: 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: Post-op Physical Therapy 2 times a month for 2 months for left wrist is not medically necessary per the MTUS Guidelines. The MTUS Post surgical 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 does not indicate that the surgery was certified therefore the request for post op therapy cannot be certified and this request is deemed not medically necessary.