

Case Number:	CM15-0087572		
Date Assigned:	05/11/2015	Date of Injury:	10/01/2012
Decision Date:	07/24/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/07/2015

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 58 year old male, who sustained an industrial injury on 10/1/12. The injured worker was diagnosed as having a right wrist triangular fibrocartilage complex tear. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of right wrist pain. The treating physician requested authorization for 16 post-operative physical therapy sessions for the right wrist. The treatment plan included a right wrist arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 postoperative physical therapy sessions for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: CA MTUS/Post surgical treatment guidelines, page 22 recommend 10 visits of therapy following TFCC surgery. The request exceeds the 10 recommended. Therefore the

request for 16 postoperative physical therapy sessions for the right wrist is not medically necessary.