

Case Number:	CM15-0112820		
Date Assigned:	06/19/2015	Date of Injury:	11/06/2009
Decision Date:	07/17/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on 11/06/2009. She reported hand tingling, numbness, and pain. The injured worker is currently not working but can perform modified work. The injured worker is currently diagnosed as having right wrist injury, triangular fibrocartilage complex tear, tear of lunotriquetral ligament, probable right and possible left carpal tunnel syndrome, and right sided weakness. Treatment and diagnostics to date has included normal bilateral wrist x-rays, normal electromyography of the right upper extremity, right wrist MRI arthrogram which showed microperforation of triangular fibrocartilage tear of lunotriquetral ligament extending from radiocarpal to mid carpal compartment, right wrist arthroscopy, wrist brace, and medications. In a progress note dated 05/07/2015, the injured worker presented with complaints of pain. Objective findings include slightly decreased strength to right hand/forearm. The treating physician reported requesting authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical therapy to the right wrist three times a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- hand chapter and pg28.

Decision rationale: According to the ODG guidelines, most wrist injuries require 9 visits of therapy with the exception of fracture, synovitis and post-surgical care. According to the MTUS guidelines, 8-10 visits of therapy are recommended for strains and myositis. Therapy is expected to be performed in a weaning schedule. The claimant had surgery several years ago. In this case, there was no indication that the claimant cannot perform additional therapy at home. The 12 sessions requested exceeds the amount recommended and is not medically necessary.