

<b>Case Number:</b>	CM14-0053161		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/22/2004
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic wrist and hand pain reportedly associated with an industrial injury of June 22, 2004. In a Utilization Review report dated March 28, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator stated that the applicant had only completed 5 of the 12 previously authorized physical therapy treatments. The claims administrator stated that the applicant had undergone earlier wrist arthroscopy, debridement, and wafer resection procedure on January 7, 2014. The claims administrator contended that the seven pending sessions of physical therapy would likely suffice to facilitate the applicant's transition to home exercise program. The claims administrator referenced an RFA form received on March 14, 2014 in its determination. The applicant's attorney subsequently appealed. In a handwritten physical therapy progress note dated March 6, 2014, it was stated that the claimant had completed four sessions of physical therapy through this point in time. 6/10 pain complaints were noted. An additional 12 sessions of physical therapy were apparently sought. In an associated medical progress note dated March 10, 2014, the claimant reported ongoing complaints of wrist pain two months status post earlier wrist arthroscopy. The applicant was attending therapy. The applicant exhibited relatively well-preserved wrist range of motion with dorsiflexion to 60 degrees and palmar flexion to 50 degrees. Motor function was normal. Twelve additional sessions of occupational therapy were sought. The claimant was returned to regular duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** No, the request for 12 additional sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant was still within the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 status post wrist arthroscopy, TFCC debridement and wafer resection surgery on January 7, 2014 as of the date of the request, March 10, 2014. While the MTUS Postsurgical Treatment Guidelines do support a general course of 16 sessions of postoperative physical therapy in the four months following wrist TFCC surgery, as transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c4 to the effect that the frequency of visit shall be gradually reduced or discontinued as an applicant gains independence in management of symptoms and with achievement of functional goals. Here, the applicant had returned to regular duty work on March 10, 2014, it was reported above. The applicant's wrist range of motion was normalizing, it was noted on that date. The applicant also had seven to eight previously authorized physical therapy treatments which had yet to be completed as of the date of the request, it was suggested both by the claims administrator and the applicant's treating therapist. It was not clearly stated, in short, why such a lengthy course of postoperative physical therapy had been proposed in the face of the applicant's already successful return to regular work, the applicant's lack of significant physical impairment appreciated on the most recent office visit of March 10, 2014, and the fact that the applicant had several pending, previously authorized physical therapy treatments. Therefore, the request was not medically necessary.