

Case Number:	CM13-0000778		
Date Assigned:	03/21/2014	Date of Injury:	02/06/2013
Decision Date:	07/28/2014	UR Denial Date:	06/10/2013
Priority:	Standard	Application Received:	06/20/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66 year-old male, that sustained an injury on February 6, 2013. The mechanism of injury is not noted. The initial complaint was left arm pain. Findings from an exam dated June 10, 2013 included: elbow motion 0-140, supination 80/75, pronation 70/60; left wrist dorsiflexion 45, palmar flexion 30, ulnar deviation 15, radial deviation 10; mild tenderness over the extensor carpi ulnaris; making a fist lacks 1 cm to the distal palmar creases. X-rays dated June 20, 2013, were reported as showing a stable distal radius fracture and nearly healed with intact hardware. Treatments have included a February 20, 2013 open reduction internal fixation of left distal radius fracture and 17 post-op physical therapy sessions. The current diagnoses are: left distal radius fracture, S/P open reduction internal fixation. The stated purpose of the request for eight additional physical therapy sessions was not documented. The request for 8 additional sessions of physical therapy was denied on June 10, 2013, by the Claims Administrator who cited a lack of documented current medical reports noting the medical necessity for additional physical therapy beyond the 17 physical therapy sessions that the injured worker had completed over the previous four months. Per the most recent report dated January 20, 2014, the treating physician noted that the injured worker was made permanent and stationary as of October 14, 2013. His job would not accommodate current restrictions. He complains of numbness over the dorsum of his PIP joints and intermittent discomfort over the ulnar side of the wrist. Left wrist exam shows: supination 80 degrees, pronation 70, dorsiflexion 45, palmar flexion 30, ulnar deviation 25 and radial deviation. There is tenderness over the TFCC in the area of the fovea and over the radioulnar joint. X-rays dated January 20, 2014, were reported as showing a well-healed distal radius fracture with retained hardware and preexisting radioulnar joint degenerative joint disease and congenital 3-4 mm ulnar positivity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 20.

Decision rationale: The MTUS/ACOEM guidelines recommends up to 16 post-operative physical therapy sessions for a radius/ulna fracture and additional physical therapy with documented derived functional benefit. In this case, the injured worker has some numbness and intermittent discomfort to the left wrist, with reduced left wrist range of motion, as compared to the right side. There is no documented objective evidence of derived functional benefit from completed physical therapy, participation in a dynamic home exercise program, nor the medical necessity for additional physical therapy. The injured worker has completed more than the referenced guideline-recommended maximum number of post-op physical therapy sessions, which should have provided adequate opportunity for instruction and supervision of a transition to a home exercise program. Based on the currently available information, the request for eight additional physical therapy sessions is not medically necessary and appropriate.