

Case Number:	CM13-0014902		
Date Assigned:	10/04/2013	Date of Injury:	02/08/2013
Decision Date:	01/30/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 physician 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 patient was a 54-year-old male who suffered a right distal radial fracture on February 8, 2013. The mechanism of injury was a fall landing on outstretched right arm. The patient complained of persistent pain and weakness. The patient was treated operative intervention, physical therapy, and medications. A retrospective claim for Physical Therapy to the right wrist was submitted on April 26, 2013 and a claim for Physical Therapy for 12 sessions was submitted on May 6, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Physical Therapy to right wrist on 4/26/13 for six (6) sessions and on 5/6/13 for twelve (12 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment , Chapter 11, Wrist Page(s): 98-99, 265, 271.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that instruction in home exercise is recommended in the early phases of recovery. Manipulation has not proved effective for patients with pain in the hand, wrist or forearm. Therapeutic touch is no better than placebo

in influencing pain scores. Physical therapies such as electrical stimulation or infrared treatment have not been shown to be effective in treating acute hand, wrist, or forearm injuries. In this case, the physical therapy was not recommended in the acute phase, when it is recommended. Home exercises have been shown to be as effective as physical therapy