

Case Number:	CM13-0034516		
Date Assigned:	02/20/2014	Date of Injury:	07/19/2013
Decision Date:	03/25/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medication 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 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 injured worker is a 54-year-old female with a date of injury of July 19, 2013. The patient had a humeral shaft fracture. The patient has been treated with physical therapy and pain medication to date. The pain medications have included Norco, Percocet, and ibuprofen. On November 27, 2013 the injured worker underwent repair of nonunion humeral fracture with compression plating and bone putty. A utilization review determination noncertified the request for physical therapy to the right hand and wrist because pathology was not noted in this area. Given that the fracture occurred in the humerus, the utilization reviewer felt physical therapy in this other body region was not warranted. A peer-to-peer attempt was not successful. It is noted that a follow-up note near the time of the injury on July 26, 2013 documented that in addition to shoulder pain the patient also complained of elbow pain, wrist pain, and pain, and finger pain on the affected side. Another follow-up note in August 2013 document swelling of the right hand. The patient has pain with range of motion when wiggling the fingers of the right hand. Normal sensation and upper extremity strength are noted bilaterally on this examination. A physical therapy note on date of service September 4, 2013 also notes that the patient complains of pain on range of motion in the right glenohumeral joint, elbow, and wrist. The patient worked on hand and finger range of motions including use of putty. The patient had an evaluation with [REDACTED] (orthopedist) who noted hand/wrist pathology and ordered an electrodiagnostic study which showed carpal tunnel syndrome only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right wrist, hand and fingers (3) three times a week for (4) four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Fracture of humerus.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: In the case of this injured worker, there is clear documentation of hand, finger, and wrist pathology in addition to the humeral fracture from the initial industrial injury. It is noted that a follow-up note near the time of the injury on July 26, 2013 documented that in addition to shoulder pain the patient also complained of elbow pain, wrist pain, and pain, and finger pain on the affected side. Another follow-up note in August 2013 document swelling of the right hand. The patient has pain with range of motion when wiggling the fingers of the right hand. Normal sensation and upper extremity strength are noted bilaterally on this examination. A physical therapy note on date of service September 4, 2013 also notes that the patient complains of pain on range of motion in the right glenohumeral joint, elbow, and wrist. The patient worked on hand and finger range of motions including use of putty. The patient had an evaluation with [REDACTED] (orthopedist) who noted hand/wrist pathology and ordered an electrodiagnostic study which showed carpal tunnel syndrome only. However, the notes that request physical therapy do not make a specific diagnosis of wrist and hand sprain/strain. The Official Disability Guidelines recommend a total of nine visits of physical therapy for wrist sprain and even fewer visits of physical therapy for carpal tunnel syndrome. Therefore a request of 12 sessions of physical therapy is in excess of guidelines. The independent medical review process cannot modify requests, and therefore this request is recommended for noncertification.