MAXIMUS Federal Services

Case Number:	CM13-0046252		
Date Assigned:	12/27/2013	Date of Injury:	01/17/2012
Decision Date:	04/23/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery 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:

This 57-year-old female food service worker sustained a left wrist injury on 1/17/12 relative to a fall. She underwent open reduction and internal fixation of the grossly displaced comminuted intra-articular fracture of the distal radius on 1/29/12, followed by 16 post-op physical therapy visits. Co-morbidities included hypertension and Osteopenia. The patient had a second industrial injury on 5/21/13 when she slipped and fell, resulting in a hairline fracture of the right tibia. The 10/2/13 initial pain management report cited the primary complaint was right knee and leg pain with some left wrist pain and weakness. Overall pain was rated dull and grade 2-3/10; pain increased with walking and standing. Mild limitation was noted in all activities of daily living. The patient was not working as she had been laid off. Exam findings documented slightly limited active range of motion left wrist, some reduction in left grip strength, and normal upper extremity neurologic exam. Right lower extremity exam documented non-antalgic gait, no lower extremity atrophy, McMurray's slightly positive on the right with a bit of pain and slight cracking sensation, no locking, good active range of motion, lateral collateral ligament tenderness, no laxity, and stable to anterior and posterior drawer testing. The treatment plan recommended further self-paced rehabilitation with direction from physical therapy and topical NSAIDs for the knee. Physical therapy was requested for the left wrist was to direct a self-paced independent exercise program. The treating physician stated that it was not clear to him that the patient understood what to try in this regard. The 10/28/13 treating physician report indicated that persistent left wrist pain and loss of grip strength were the primary issues. He opined that food service workers cannot typically work with such loss and that maximizing physical therapy was essentially. Work hardening or functional restoration program may be needed. The treatment plan requested 8 physical therapy sessions, in addition to the 16 sessions previously provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES PER WEEK FOR 4 WEEKS ON LEFT WRIST/HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98-99 Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98-99 Page(s): 98-99.

Decision rationale: Under consideration is a request for physical therapy 3x4 to the left wrist/hand. The California Post-Surgical Treatment Guidelines would no longer apply. The MTUS Chronic Pain guidelines recommend all therapies be focused on functional restoration rather than the elimination of pain. The active therapy is beneficial for restoring flexibility, strength, endurance, function, and range of motion, and reduces discomfort. Patients are instructed and expected to continue active therapies at home in order to maintain improvement levels. In general, guidelines recommend an initial and follow-up visit for education, counseling and evaluating home exercise in wrist/hand injuries. Guideline criteria have not been met. The patient presents two years post injury with mild left wrist pain, slight loss of active range of motion, and some reduction in left grip strength. Objective measurements are not provided. There was no documentation as to whether or not the patient is left-handed. There is no specific job-related functional loss relative to the left wrist documented; in general household activities were reported mildly limited. The patient completed 16 post-op physical therapy visits consistent with guideline recommendations. There is no detailed indication that the patient did not receive instruction in an independent home exercise program (and also understood same.) Guidelines would support a short course of exercise review with a physical therapist. There is no compelling reason to support the medical necessity of extended supervised physical therapy exercise for this patient. Therefore, this request for physical therapy three times per week for 4 weeks to the left wrist/hand is not medically necessary.