

Case Number:	CM13-0058160		
Date Assigned:	12/30/2013	Date of Injury:	08/12/2011
Decision Date:	03/27/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/26/2013

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 Management 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 patient is a 62 year old male who was injured on 08/12/2011 while coming off the cabin of a truck; he lost his balance and fell down landing on his hands on the asphalt of the parking lot. He felt immediate pain in his right wrist. Prior treatment history has included oral medications, physical therapy twice a week from 02/2012 to 03/2012. The patient wore right and left wrist braces. He had physical therapy 3 times a week from 04/2012 to 10/2013. The patient underwent surgery to his right wrist on 01/13/2012. Medications included: Vicodin 1-2 po q 6 hours Keflex 500 mg X-ray examinations of the right wrist performed on 10/23/2013 revealed a bone deformity of the distal radius and a bone deformity of the distal ulna with a bone fragment distally in the area of the ulnar styloid. There was irregularity of the articular surface of the carpal bones and the distal radius. The visualized carpal bones were otherwise normal. There was a plate on the volar aspect of the distal radius fixed with approximately ten small screws. There were no soft tissue calcifications. Diagnostic studies reviewed include CT scan of the right wrist performed on 12/19/2012 revealed the patient was status post open reduction and internal fixation with a metallic prosthesis in the distal right radius, generalized osteopenia was present, and hypertrophic changes were seen at the base of the first metacarpal bone. MRI of the left wrist with Flex-Ext performed 04/03/2012 revealed subchondral cysts in lunate and no other obvious abnormality was noted. PR-2 note dated 10/25/2013 documented the patient to have complaints of intermittent moderate dull, achy, sharp, right wrist pain, associated with twisting, grabbing/grasping, gripping and squeezing. Objective findings of the exam included on examination of the right wrist, there was WHSS x3 present; TTP flexor and extensor tendons. The patient uses a right wrist brace. The ranges of motion are decreased and painful. There was +3 tenderness to palpation of the dorsal wrist. The patient was diagnosed with right wrist sprain/strain, right wrist tenosynovitis, disruptions of 24-hour sleep wake cycle, insomnia with

sleep apnea, loss of sleep, and sleep disturbance. PR-2 note dated 10/23/2013 documented the patient to have complaints of frequent, dull, achy, sharp left wrist pain, stiffness and weakness, associated with twisting, grabbing/grasping, gripping and squeezing. The patient stated that PT was helping increased ADLs and decreased pain temporarily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy treatment to the right wrist for 4 sessions (1x4): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physical Medicine & Rehabilitation, 3rd Edition, 2007. Chapter 39: Musculoskeletal Problems of the Upper Limb, Pages 825-854.

Decision rationale: The medical records indicate the patient is showing improvements in his Activities Of Daily Living (ADL)s and decreasing his pain symptoms with physical therapy. Physical therapy is indicated for the treatment of upper and lower limb pain as well as for improving Activities of Daily Living. Therefore, the request is certified.