

Case Number:	CM13-0060344		
Date Assigned:	05/07/2014	Date of Injury:	08/07/2013
Decision Date:	06/12/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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:

The claimant is a 58-year-old female injured in work-related accident on August 7, 2013. The records available for review include documentation that the claimant sustained a distal radial fracture, for which she underwent open reduction internal fixation on August 8, 2013. Postoperative care included formal physical therapy, with initial evaluation noted on September 19, 2013. A November 12, 2013, orthopedic follow-up report documented continued improvement three months postoperatively. Examination was documented to show stiffness with flexion. A handwritten progress report recommended continuation of formal physical therapy for 12 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY LEFT WRIST 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, an additional 12 sessions of physical therapy would not be supported. Following fracture fixation to the radius or ulna, the Postsurgical Guidelines criteria recommend up to 16 sessions of therapy over an eight-week period of time. The request for the additional 12 sessions comes more than

eight weeks following the initiation of physical therapy. Furthermore, the records document that the claimant already has undergone a significant course of formal physical therapy. Because of the time elapsed and because the request for additional therapy would exceed guidelines criteria, the additional 12 sessions of physical therapy would not be supported as medically necessary.