

Case Number:	CM13-0061430		
Date Assigned:	12/30/2013	Date of Injury:	03/20/2013
Decision Date:	04/10/2014	UR Denial Date:	11/04/2013
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 Family Practice 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 patient is a 39-year-old male who reported an injury on 03/20/2013 after his right arm went through a steering wheel, which jerked causing a fracture to the right wrist. The patient ultimately underwent open reduction and internal fixation for a right distal radius fracture. The patient was treated postsurgically with occupational therapy to the right wrist. The clinical documentation submitted for review noted that the patient had previously been authorized for a total of 26 postsurgical visits. The patient's most recent clinical documentation indicates that the patient continues to have right wrist numbness and mechanical complaints. Physical findings included reduced grip strength rated at a 4/5, tenderness to palpation of the right wrist. The patient's assessment included contracture of the right wrist, status post open reduction and internal fixation of the right distal radius fracture. The patient's treatment plan included continuation of medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 PHYSICAL THERAPY SESSIONS FOR THE RIGHT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The requested 18 physical therapy sessions for the right wrist is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 16 visits of physical therapy for this type of injury. The clinical documentation submitted for review does indicate that the patient has already participated in 26 physical therapy visits. This is in excess of the recommended postsurgical physical therapy treatment guidelines of 18 visits. The requested additional 18 visits are well in excess of the guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 18 physical therapy sessions to the right wrist is not medically necessary or appropriate.