

Case Number:	CM14-0006228		
Date Assigned:	03/03/2014	Date of Injury:	04/25/2013
Decision Date:	07/24/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine and Rehabilitation and 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 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 is a 63-year-old male with a 4/25/2013 date of injury. A specific mechanism of injury was not described. The patient sustained a left wrist distal radius fracture. A 12/20/13 determination was not medically necessary given no evidence that the patient was making significant gains with the current treatment plan. It was noted that the patient had 21 physical therapy sessions. A 1/16/14 hand surgery report identifies similar symptoms as she had previously. The patient had symptoms of carpal tunnel syndrome and limited range of motion with severely limited pronation and supination to about 20 degrees each, and the patient had a very sensitive neurological exam in the radial-ulnar distribution. There was positive Dukan compression and Tinel's test. A carpal tunnel injection was performed. If the injection was successful, recommendation was for a carpal tunnel release. In addition, the provider states that if the patient continues to have symptoms, from the non-union standpoint, the patient will not improve from the distal radius nonunion and associated pain. There were several physical therapy reports provided, which document improvement with previous therapy, mostly with initial 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/HAND 8 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand Chapter, Physical Therapy. Fracture of radius/ulna (forearm) (ICD9 813): Medical treatment: 16 visits over 8 weeks.

Decision rationale: The patient sustained a radius fracture and apparently developed a non-union. In addition, the patient has symptoms of carpal tunnel syndrome. There has been 21 PT sessions completed to date. The CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The physical therapy report document initial improvement with therapy, however, the most recent report do not document significant improvement. In addition, the patient was evaluated by hand surgery, and there were no recommendations for further therapy. It is unclear why the patient cannot be transitioned to a home exercise program, in light of the amount of therapy performed; which exceed the ODG recommendations.