

Case Number:	CM14-0011931		
Date Assigned:	02/21/2014	Date of Injury:	08/22/2013
Decision Date:	08/13/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/29/2014

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 Therapy & Rehabilitation, has a subspecialty in Pain Medicine 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 38-year-old male with an 8/22/13 date of injury. He underwent ORIF of the left distal radius intra-articular fracture, arthrotomy left distal wrist, and carpal tunnel release (8/12/13), followed by 16 session of PT. On 11/19/13, there were complaints of left shoulder/scapular pain; popping, clicking, and grinding with motion; ongoing left elbow/arm pain with numbness and tingling. There was also ongoing left hand/wrist pain with numbness of the left first, second, and third fingers. Clinically there was tenderness in the cervical spine with mild spasms; normal range of motion; 4+/5 deltoid strength; and sensory loss at the middle finger (C7) on the left and med forearm/little finger (C8). In the shoulder there was tenderness on the left with positive impingement sign. At the wrist, there was positive Tinel's and Phalen's; loss of two point discrimination in the left hand digits. Additional PT was recommended. 1/17/14 UR review certified hand orthopedic evaluation and 8 sessions of requested PT. Remainder PT was not found medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FIVE (5) WEEKS TO LEFT SHOULDER TO LEFT ELBOW TO LEFT WRIST TO LEFT HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: This request was initially modified to 8 sessions of PT, in order to not exceed guideline recommendations. Within the context of this appeal no additional medical records were provided, describing necessity for the excessive number of requested PT sessions. CA MTUS stresses the importance of a time-limited treatment plan. Guidelines support up to 16 visits of following radial fracture. The patient already completed postoperative PT. The request for an additional 10 PT sessions is not substantiated.