

Case Number:	CM14-0013259		
Date Assigned:	02/26/2014	Date of Injury:	10/20/2013
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 & Rehabilitation 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 20 year old male who was injured on 10/20/2013 while he was trying to pry a bar when he fell and tried to catch himself with his right hand causing pain to his right wrist. Prior treatment history has included the patient undergoing open reduction internal fixation on 10/29/2013. He was placed in a splint and sent for physical therapy which increased his right wrist symptoms. Medications include Norco. The PR-2 dated 12/12/2013 documented the patient had 8 sessions of physical therapy, but this causes more pain. Orthopedic Consultation dated 12/26/2013 documented the patient with complaints of right wrist pain with numbness and tingling to the ulnar two fingers. In Conclusion: There is a major concern at this time in reference to the right wrist because he has not regained any significant range of motion of his right wrist which is very unusual with this type of fracture. Several things are going to be necessary to determine what can and should be done for additional treatments to maximize recovery. It is necessary to obtain and EMG/NCV study of both the upper extremities. Depending upon what the outcome of the EMG/NCV the patient will certainly need some additional extensive physical therapy to try to regain the function of his right wrist, but if something needs to be done about the presumed ulnar nerve issue, then that could probably be addressed prior to undertaking any additional physical therapy. The PR-2 dated 01/09/2014 documented the patient was previously seen for an orthopedic consultation on 12/26/2013 at which time the examiner recommended an EMG/NCV study of both upper extremities. Additional physical therapy was also included. Eventually hardware removal from the right wrist may have to be considered. The patient reports right wrist pain. Objective findings on examination of the right wrist reveal there is severe loss of range of motion. There I some soft tissue swelling to the radial side of the wrist. There is moderate tenderness to the radial and dorsum of the wrist as well. There is total breakaway weakness of the right supinators and pronators due to pain plus severe grade 4 weakness of the

right first dorsal interosseous plus grade 5 strength. Phalen's sign could not be done due to the loss of range of motion, but Tinel's sign is positive over the carpal tunnel from than over Guyon's canal. Diagnoses: Comminuted distal right radius fracture plus possible delayed union as well as potential ulnar nerve irritation presumably at the wrist or a carpal tunnel syndrome rule out early posttraumatic arthritis of the wrist. Plan: Physical therapy for the right wrist twice per week for six weeks to try to regain range of motion and possibly some strength. UR report dated 01/22/2014 denied the request for PT 2 x 6 weeks for right wrist. The patient attended post operation PT for an unknown number of visits and his course treatment and response have not been described. There is no evidence that he remains unable to continue and complete his rehab with an independent HEP.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 6 WEEKS RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, the patient had previously 8 physical therapy visits and could not tolerate therapy any more. Furthermore, it is not clear if the patient achieved any improvements with previous therapy, as there are no documentation of PT notes to demonstrate any progress in the objective measurements such as pain level, ROM and strength. Thus, since the prior trial did not result in functional improvement, the request is considered not medically necessary and is non-certified.