

<b>Case Number:</b>	CM14-0158380		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 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 66 year-old patient sustained an injury on 3/6/14 from a fall while employed by [REDACTED]. Request(s) under consideration include additional outpatient therapy x8 visits. Diagnoses include closed distal radial fracture/ Osteopenia, and fracture of wrist with malunion. The report of 8/28/14 from the provider noted the patient has had greater functionality with prior eight physical therapy sessions and now is able to write with increased grip strength as well as overall making good progress. However, symptoms of ongoing pain and swelling continue with persistent exam findings of tenderness, limited range of motion and weakness in grip strength. Physical therapy (PT) report of 8/19/14 noted the patient has completed 28 PT sessions and was 90% better with writing; however, still unable to write for long period of time, typing limited to 15-20 minutes, and cooking limited with difficulty chopping and stirring. Exam showed residual deformity of fracture healing; right wrist range with DF/palmar flexion of 38/36 degrees; and right grip strength of 16. The request(s) for additional outpatient therapy x 8 visits was non-certified on 9/5/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional outpatient therapy x 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand Procedure (last updated 08/08/2014)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 6-7.

**Decision rationale:** Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. It appears the patient has received extensive 28 physical therapy visits, exceeding the recommended physical medicine treatment duration post 7 months from injury in question. There is no report of acute flare-up or new injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy without clear functional improvement from treatment already rendered. Therefore, the request for additional outpatient therapy x 8 visits not medically necessary and appropriate.