

<b>Case Number:</b>	CM14-0166328		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Orthopedic Surgery 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:

40-year-old female claimant with an industrial injury dated 01/30/14. The patient is status post a right wrist injury with surgical reduction and fixation with retained hardware as of 02/14/14. X-ray of the right wrist dated 09/05/14 reveals a healed fracture of the distal radius with metal plate and multiple screws in place. Exam note 09/05/14 states the patient continues to have persistent pain over the right wrist and hardware site. There is evidence of tenderness over the area. The patient demonstrates a limited dorsiflexion, palmar flexion and grip strength despite the prior treatment. Possible causes such as infection and nonunion have been ruled out. Treatment includes hardware removal and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy, QTY: 18 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** CA MTUS/Post-Surgical Treatment guidelines, Fracture of radius/ulna recommends 16 visits over 8 weeks with of those visits initially authorized. As the request

exceeds the recommended guideline, the Post-operative physical therapy, QTY: 18 sessions is not medically necessary.