

Case Number:	CM14-0028352		
Date Assigned:	06/16/2014	Date of Injury:	08/10/2009
Decision Date:	10/02/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/06/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 who sustained a work related injury on 8/10/2009 as a result of an unknown mechanism of injury. The patient underwent an open reduction, internal fixation with hardware retainment of his bilateral wrists in the summer of 2011 with left plate removed in either Feb or March of 2013. In May of 2013, the patient suffered a fall, landing onto his bilateral wrists, right worse than left. The patient underwent right osteoectomy, tenolysis of the flexor and extensor tendons and plate removal for ulnar impaction syndrome of the right wrist and forearm on October 28, 2013. However, according to the progress reports' following surgery the patient has complained of constant 4-6/10 at the surgical site with tingling in the fourth and fifth digits, as well as along the right forearm. Pain worsens with movement and grasping objects and improved with the use of ice as he stopped the use of oral medication because of adverse side effects upon his stomach. The patient is utilizing wrist braces for support which has been helpful. The pain has been affecting his ability to sleep. On examination, the surgical site is absent of erythema and edema with appreciable tenderness at the surgical site upon palpation. Wrist range of motion is limited due to pain. Request of physical therapy once weekly for 12 weeks to improve range of motion and increase functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 Time Per Week For 12 Weeks, Right Arm: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment Page(s): 11-12,98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Physical/ Occupational therapy

Decision rationale: In general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. Afterward and with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The patient has been diagnosed with a right ulnar impaction syndrome that he's undergone surgical intervention to address. Per the ODG guidelines, the patient is authorized 16 visits over a 10-week period for surgical intervention of a carpal bone. Although the patient has previously been afforded the benefit of 16 visits for physical therapy, this was before his surgical procedure. Since, he's undergone the surgical procedure, the patient has not had physical rehabilitation to date.