

Case Number:	CM14-0054521		
Date Assigned:	07/07/2014	Date of Injury:	02/13/2014
Decision Date:	09/05/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/23/2014

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, has a subspecialty in Interventional Spine 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 50-year-old with an injury date on 2/13/14. Patient complains of improving left wrist stiffness, and previous blistering has healed per 4/9/14 report. Patient's scars are healing well without signs of infection per 4/9/14 report. Based on the 4/9/14 progress report provided by [REDACTED] the diagnosis is s/p ORIF of left distal radius and left distal ulna fracture from 2/5/14. Exam on 4/9/14 showed "better movement of her fingers. Wrist flexion/extension measured about 30 degrees in each direction. Flexion at MCP joint is still quite stiff." [REDACTED] is requesting physical therapy two times a week for six weeks. The utilization review determination being challenged is dated 4/17/14 and modifies request to 4 sessions. [REDACTED] is the requesting provider, and he provided treatment reports from 2/14/14 to 4/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: This patient presents with left wrist stiffness and is s/p ORIF of a left distal radius and left distal ulna fracture from 2/25/14. The physician has asked for physical therapy two times a week for six weeks on 4/9/14. Review of the report shows patient had 12 sessions of physical therapy per 4/17/14 utilization review letter. For a fracture of radius/ulna (forearm), MTUS Postsurgical treatment guidelines allow 16 visits over 8 weeks within 4 months of surgery. In this case, the patient has had 12 sessions of postoperative therapy with improved range of motion. The requested 12 additional physical therapy sessions would exceed what MTUS allows for this type of condition. Physical Therapy two times a week for 6 weeks is not medically necessary.