

<b>Case Number:</b>	CM14-0083623		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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:

The injured worker is a 71-year-old male who reported an injury on 03/07/2014. The injured worker was reportedly assaulted during a break-in. Current diagnoses include status post open reduction and internal fixation of bilateral distal radius fractures, rule out intracarpal ligament tear, rule out bilateral carpal tunnel syndrome, history of cervical strain, history of lumbar strain, bilateral shoulder impingement syndrome, and rule out medial and lateral meniscal tears. The injured worker was evaluated on 04/30/2014. It is noted that the injured worker underwent open reduction and internal fixation on 03/14/2014. The injured worker presented with complaints of occasional slight pain in the neck, bilateral upper extremity pain, lower back pain, and left knee pain. Physical examination revealed slightly diminished range of motion of the bilateral shoulders, positive Neer's and Hawkins testing bilaterally, limited range of motion of bilateral wrists, positive Tinel's and Durkan's testing bilaterally, diminished grip strength, slightly limited flexion of the left knee, crepitus during range of motion of the left knee, palpable masses of the left knee, medial and lateral joint line tenderness in the left knee, and normal motor strength in the bilateral upper and lower extremities. Treatment recommendations at that time included physical therapy for the cervical and lumbar spine, bilateral shoulders, left knee, and occupational therapy for the bilateral hands and wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2-3 x 6 weeks for Bilateral Hand/Wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 20.

**Decision rationale:** The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. It is noted that the injured worker underwent open reduction and internal fixation on 03/14/2014. It was also noted that the injured worker was referred for postoperative physical therapy. The California MTUS Guidelines state postsurgical treatment following a fracture of the radius includes 16 visits over 8 weeks. The current request would exceed guideline recommendations. There is also no documentation of the previous course of postoperative physical therapy. Therefore, the request is not medically necessary.

**Physical Therapy 2-3 x 6 weeks for Left Knee and Bilateral Shoulders:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 98-99 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Knee Chapter, Physical Therapy.

**Decision rationale:** The California MTUS Guidelines state 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. The Official Disability Guidelines state physical medicine treatment for a derangement of the meniscus includes 9 visits over 8 weeks. Physical medicine treatment for impingement syndrome of the shoulder includes 10 visits over 8 weeks. The current request for physical therapy 2 to 3 times per week for 6 weeks exceeds guideline recommendations. Therefore, the request is not medically necessary.