

Case Number:	CM13-0066454		
Date Assigned:	01/03/2014	Date of Injury:	06/28/2013
Decision Date:	01/02/2015	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 & 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 59 year old male with an injury date of 06/28/13. As per the progress report dated 11/13/13, the patient complains of left wrist pain rated at 3-4/10 due to prior left wrist fracture for which he underwent ORIF on 08/07/13. The patient also suffers from cervical neck pain which radiates to the upper extremities bilaterally. Physical examination of the wrist reveals limited range of motion with flexion at 45 degrees, extension at 20 degrees, abduction at 30 degrees, and adduction at 20 degrees. There is crepitation on the flexor retinaculum on the right wrist. In progress report dated 10/21/13, the patient presents with pain and stiffness in the cervical spine rated at 6/10. The pain is aggravated by flexion-rotation and is characterized by limited range of motion and bilateral paraesthesias at C7-8. The patient also complains of pain in left levator scapula, supraspinatus, trapezius, rhomboid, and infraspinatus muscles. Physical examination of the left wrist also shows diffused swelling. Patient is using Tramadol and Voltaren to manage his pain, as per progress report dated 10/14/13. The patient has received outpatient physical therapy for his left wrist as part of post-operative care, per progress report dated 11/13/13. Progress report dated 11/13/13 states that the patient cannot return to full function in work. X-ray of the Left Wrist, 10/17/13: Comminuted distal radial fracture and volar fixation instrument are again noted. X-ray of the Left Wrist, 08/07/13 showed: - Fracture remains incompletely healed - Ulnar positive variance with subtle lunatomalacia probably from ulnar abutment syndrome. Diagnosis, 11/13/13 included: - Left wrist fracture. The treater is requesting for Additional Physical Therapy Left Wrist 3 Weeks QTY: 36. The Utilization Review denial letter being challenged is dated 12/06/13. The rationale was that the treater "has provided no documentation of specific functional goals that would support exceeding the guideline recommended post-op PT course."

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy Left Wrist 3 Weeks QTY: 36: Upheld

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

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

Decision rationale: The patient is status post left wrist fracture and Open reduction internal fixation (ORIF). He presents with left wrist pain rated at 3-4/10, as per progress report dated 11/13/13. The request is for Additional Physical Therapy Left Wrist 3 Weeks QTY: 36. MTUS post-surgical guidelines, pages 18 to 20, recommend 16 weeks of post-surgical treatment over a span of 10 weeks for patients with carpal bone (wrist) fracture. The "Postsurgical physical medicine treatment period: 4 months." In this case, the patient underwent ORIF on 08/07/13, as per progress report dated 11/13/13. He received outpatient physical therapy after the procedure, as per the same progress report. A report from the physical therapist, dated 10/16/13, reveals that it was the 18th visit of the patient. The therapist states that "Motion continues to be limited with pain at the end of the available ROM. The patient has mild to moderate pain with resisted exercises but is able to complete. Intermittent swelling is noted with excessive activity." Although the patient continues to experience left wrist pain and limited range of motion, he has already received more than the recommended 16 sessions of physical therapy. The treater's request for additional 36 sessions exceeds what is allowed by MTUS. Additionally, the patient is not within the post-operative time frame. This request is not medically necessary.