MAXIMUS Federal Services

Case Number:	CM14-0168148		
Date Assigned:	10/15/2014	Date of Injury:	03/07/2014
Decision Date:	02/09/2015	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/13/2014

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:

71 year old male claimant with an industrial injury dated 03/07/14. The patient is status post an open reduction internal fixation, and bilateral distal radius fracture with residual radial shortening as of 03/14/14. MRI of the left wrist dated 06/07/14 reveals displaced distal radial fracture with volar subluxation of the displaced fragment and carpal bones, triangular fibrocartilage tear, and tendinosis in both the flexor and extensor tendons. MRI of the left hand dated 06/09/14 reveals moderate to severe osteoarthritic. MRI of the right hand dated 06/16/14 reveals mild degenerative changes of the first carpometacarpal joint and second metacarpophalangeal joint. Exam note 07/28/14 states the patient returns with low back and left knee pain. The patient rates the pain a 3-8/10. The patient demonstrated pain towards the end of the range of motion test. Exam demonstrates positive Neer's impingement test is noted as positive, along with the Hawkins-Kennedy test. Exam demonstrates positive Tinel test for the wrists and hands was noted as positive. Durkan's medial compression test was noted as positive bilaterally. The patient experienced pain towards the end of the range of motion test for the thoracic and lumbar spine. There was evidence of crepitus on the left knee during the range of motion test, along with palpable masses and tenderness. Treatment includes physical therapy, and OT for the bilateral wrists and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT 2-3 x 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 1.

Decision rationale: CA MTUS/Post Surgical Treatment guidelines, Fracture of radius/ulna, page 20 recommends 16 visits over 8 weeks. There is lack of demonstrated functional improvement in the exam note of 7/28/14. As the request exceeds the recommended guideline, the determination is that the request is not medically necessary.

PT 2-3 x 6 Weeks Bilateral Hand/Wrist and Bilateral Shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions: Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. As the requested physical therapy exceeds the recommendation, the determination is that the request is not medically necessary.

OT x 8 for Bilateral 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): 20.

Decision rationale: CA MTUS/Post Surgical Treatment guidelines, Fracture of radius/ulna, page 20 recommends 16 visits over 8 weeks. There is lack of demonstrated functional improvement in the exam note of 7/28/14. As the request exceeds the recommended guideline, the determination is that the request is not medically necessary.