

<b>Case Number:</b>	CM14-0188004		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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:

According to the records made available for review, this is a 46-year-old male with a 7/12/13 date of injury, and open reduction internal fixation of a distal radius fracture on 7/26/13. At the time (9/16/14) of request for authorization for Associated surgical service: Physical therapy two times a week for six weeks for the right wrist, there is documentation of subjective (right wrist pain) and objective (tenderness to palpation along the first dorsal compartment, full range of motion of the right wrist, and reduced strength grip due to pain) findings, current diagnoses (closed fracture of unspecified part of radius), and treatment to date (20 post op physical therapy treatments and medications). There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters and functional benefits or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous post op physical therapy treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Physical therapy two times a week for six weeks for the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fracture of radius/ulna (forearm) Page(s): 20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Physical Therapy (PT). Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 16 visits of post-operative physical therapy over 8 weeks and post-surgical physical medicine treatment period of up to 4 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of closed fracture of unspecified part of radius. In addition, there is documentation of previous post-op physical therapy treatments. However, given documentation of 20 previous post op physical therapy treatments, which exceeds guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, given documentation of previous post op physical therapy treatments, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous post op physical therapy treatments. Furthermore, given documentation of a 7/26/13 date of surgery, post-surgical physical medicine treatment period exceeds guidelines (4 months). Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: Physical therapy two times a week for six weeks for the right wrist is not medically necessary.