

Case Number:	CM14-0201542		
Date Assigned:	12/12/2014	Date of Injury:	03/10/2014
Decision Date:	01/31/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, has a subspecialty in Pain Medicine 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:

This injured worker has a date of injury 03/10/2014. According to information in the Utilization Review (UR) peer review report, the IW sustained distal radius fracture and wore a right wrist cast for 8 weeks followed by physical therapy. The claimant was authorized for twelve physical therapy sessions for the right hand/wrist on 08/20/2014. It is noted that the physical therapy report of 10/16/2014 reflect that the IW is having the 12th physical therapy session at that visit. Information reviewed in the peer review report includes a ROA dated 10/22/2014, an evaluate and treat prescription from the IW's physical therapy provider dated 10/13/2014, comment notes from the physical therapy assignment networks dated 10/12/14 & 10/23/2014, progress reports from the physician dated 10/13/2014 & 10/16/2014, and patient information from conversation with the physician. The ROA was for additional sessions of physical therapy (PT). The IW has had some improvement with range of motion in the fingers, wrist and elbow, but the exam findings reveal severe swelling in the right hand in all fingers, cyanosis of the palm, and profuse sweating in the hand with decreased range of motion. Range of motion is twice described in the UR, first as flexion 40 degrees, extension 45 degrees, radial deviation 10 degrees and ulnar deviation 10 degrees. A later description is of flexion 62 degrees, extension 64 degrees, radial deviation 28 degrees and ulnar deviation 32 degrees. According to the UR, there is decreased sensation in all fingers in the right hand, and disproportional tenderness and sensitivity. Strength in the right hand is noted as 4/5. Diagnoses are right wrist sprain/strain and right wrist /hand complex regional pain syndrome post distal radius fracture. On 10/22/2014 a request for authorization (ROA) for physical therapy 2x6 was submitted, and on 10/29/2014 the UR modified the physical therapy request for additional 2x6, to approval of 4 physical therapy visits. On 11/20/2014 the IW filed an application for independent medical review for physical therapy 2x6 of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient has already completed 12 sessions of physical therapy to the right hand and wrist area, with documentation of improvement of pain and range of motion. However, the request exceeds the amount of physical therapy recommended by the CA MTUS, which is 16 sessions over 8 weeks for radius fracture. Unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.