

Case Number:	CM14-0204948		
Date Assigned:	12/17/2014	Date of Injury:	07/01/2014
Decision Date:	02/11/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for hand pain reportedly associated with an industrial injury of July 1, 2014. In a Utilization Review Report dated November 5, 2014, the claims administrator partially approved request for 12 sessions of physical therapy as four sessions of physical therapy. The claims administrator noted that the applicant was status post an ORIF surgery to ameliorate left distal radial fracture on July 3, 2014. Both the MTUS Postsurgical Treatment Guidelines and non-MTUS ODG Guidelines were cited. The claims administrator referenced a progress note of September 29, 2014 and RFA forms of August 28, 2014 and October 20, 2014 in its determination. The claims administrator suggested that the applicant had had at least 18 sessions of physical therapy through the date of the request. The applicant's attorney subsequently appealed. In an August 11, 2014 progress note, the applicant reported residual pain and stiffness about the injured hand. Naproxen, tramadol, and Prilosec were endorsed. Work restrictions were given. The applicant was status post ORIF of a distal radial fracture. The attending provider suggested that the applicant's employer was likely unable to accommodate said limitations. Twelve sessions of physical therapy were endorsed via an RFA form dated August 28, 2014. x-rays of the hand dated October 20, 2014 were notable for osteopenia of the visualized bony structures, a comminuted fracture with some callus formations, suggesting incomplete healing, and metallic plate and screw. On October 31, 2014, the attending provider stated that the applicant was again given work restrictions. The applicant did have residual issues with diminished grip strength and diminished range of motion about the hand. The attending provider nevertheless state that the applicant's stiffness and weakness were slowing improving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 weeks for the left hand: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While the approval does result in extension of treatment beyond the 16-session course of therapy recommended in the MTUS postsurgical treatment guidelines following surgical repair of a fractured radius, as transpired here, this recommendation, however, is qualified by commentary made in MTUS 9792.24.3.c.2 to the effect that the medical necessity for postsurgical physical medicine is contingent on applicant-specific risk factors such as comorbidities, prior pathology and/or surgery involving the same body part, nature and complexity of surgical procedures undertaken, and an applicant's essential work functions. Here, the applicant was described as having a variety of comorbidities, including osteopenia. The applicant did sustain a comminuted radial fracture. Thus, the applicant likely had a degree of impairment greater than that encapsulated in the guideline. The applicant was still within the four-month postsurgical physical treatment period established in MTUS 9792.24.3 following earlier ORIF surgery of July 3, 2014. Therefore, the request is medically necessary.