

Case Number:	CM14-0206293		
Date Assigned:	12/18/2014	Date of Injury:	10/09/2014
Decision Date:	02/06/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/09/2014

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 Internal 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 injured worker (IW) is a 62-year-old man with a date of injury of October 9, 2014. The mechanism of injury occurred when the IW fell from a ladder when he was reaching to the side and fell on his right side. He reports hitting the curb and injuring his right wrist, hip and reports transient loss of consciousness. The IW underwent open reduction internal fixation for right distal and distal ulnar fractures. The injured worker's working diagnoses are open fracture of the right distal radius/distal ulna; fractures of wrist; right ilium fracture; cervical disc degeneration; and aftercare for healing, traumatic. Pursuant to the progress report dated November 20, 2014, the IW complains of significant pain in the right wrist/arm that is worse with motion. He denies numbness in the right hand, fingers, and thumb. The IW reports the injury he sustained to his cervical spine and right shoulder seems to be nearing his pre-injury baseline. He had a pre-existing left shoulder condition. The IW complains of right rib pain, right hip and leg pain, reporting his leg still feels weak. Objective physical findings reveals right wrist with short removable splint. Shoulder active abduction is limited to 80 degrees. The surgical incisions are healing well with no signs of infection. Hand with good range of motion in the fingers, still with significant swelling. Elbow range of motion near full for flexion, and extension. Supination and pronation no tested. The treating physician reports that physical therapy is now recommended. The IW is taking Hydrocodone/APAP 10/325mg for pain. He is using heat/ice as directed. The current request is for physical therapy 2 times a week for 4 weeks to the hip, lumbar spine and neck.

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 four weeks for the hip, lumbar spine, and neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back; Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Guidelines, physical therapy two times a week for four weeks to the hip, lumbar spine and neck are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing physical therapy). In this case, the date of injury is October 9, 2014. The injured worker had an open reduction internal fixation of the right radius and ulna; rib fractures. The injured worker's working diagnoses are open fracture of right distal radius/distal ulnar; fracture of wrist; right ilium fracture; cervical disc degeneration; and aftercare for healing trauma. The treating physician submitted a request for 8 individualized physical therapy sessions over four weeks. The guidelines recommend six sessions for the clinical trial with a formal assessment to determine whether additional physical therapy is indicated. The request for physical therapy appears to be the first request as a result of the injuries sustained. Consequently, the request for a physical therapy sessions is in excess of the recommended guidelines (ODG) and, therefore, physical therapy two times a week for four weeks to the hip, lumbar spine and neck are not medically necessary.