

Case Number:	CM15-0002694		
Date Assigned:	01/13/2015	Date of Injury:	09/16/2014
Decision Date:	03/13/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 64-year-old female who reported an injury on 09/16/2014 due to an unspecified mechanism of injury. On 12/01/2014, the injured worker presented for an evaluation. It was noted that she was status post distal radius fracture with subsequent hardware removal. On physical examination, she had improved range of motion, but continued to have significant wrist stiffness. Unofficial x-rays reportedly revealed a well healed fracture with no change in alignment. It was recommended that she continue with therapy and anti-inflammatories. The treatment plan was for 12 sessions of additional postoperative physical therapy 2 times for 6 weeks for the right wrist. The request for authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services- 12 sessions of additional Postoperative Physical Therapy 2x for 6 weeks for right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the clinical documentation submitted for review, the injured worker was noted to be status post distal radius fracture with subsequent hardware removal. The California Postsurgical Rehabilitation Treatment Guidelines recommend up to 16 sessions of physical therapy following this procedure. It is unclear how many sessions the injured worker had previously attended. Without this information, the request for additional sessions would not be supported. In addition, there is a lack of documentation showing that the injured worker has any significant functional deficits to support the request for physical therapy treatment. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.