

Case Number:	CM15-0017657		
Date Assigned:	03/11/2015	Date of Injury:	08/14/2014
Decision Date:	04/22/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 30-year-old male, who sustained an industrial injury on 08/14/2014. He has reported subsequent hand and wrist pain and was diagnosed with right wrist fracture. Treatment to date has included oral pain medication and surgery. In a progress note dated 01/08/2015, the injured worker complained of right hand and wrist pain. Objective findings were notable for swelling, tenderness and decreased range of motion of the right wrist with weak handgrip. The physician noted that physical therapy would be ordered for the affected area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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: Pain section; Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week for four weeks is 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 with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The guidelines recommend for postsurgical treatment 16 visits over eight weeks for fracture of radius/ulna. In this case, the injured worker's working diagnoses or status post open reduction internal fixation right wrist fracture. The documentation suggests the injured worker had 14 physical therapy sessions to date. Utilization review indicates the injured worker had 17 physical therapy sessions. The documentation indicates the injured worker had "slow gains". The injured worker appears to have received the full complement of physical therapy sessions pursuant to the guidelines. When treatment duration and a number of visits exceeds the guideline, exceptional factors should be noted. There were no compelling clinical facts in the medical record to warrant additional physical therapy over and above the recommended guidelines. Consequently, absent compelling clinical documentation with objective functional improvement ("slow gains"), (additional) physical therapy three times per week for four weeks is not medically necessary.