

Case Number:	CM15-0136671		
Date Assigned:	07/24/2015	Date of Injury:	08/31/2013
Decision Date:	09/01/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	07/14/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 33 year old male, who sustained an industrial injury on 8-31-13. He has reported initial complaints of right upper extremity injury including right shoulder and wrist after a fall off of a ladder at work. The diagnoses have included status post open reduction internal fixation (ORIF) of the right wrist with residual radial shortening and excessive ulnar length with loss of range of motion. Treatment to date has included medications, activity modifications, diagnostics, surgery, occupational therapy, and other modalities. Currently, as per the physician progress note dated 1-29-15, the injured worker complains of right wrist pain with clicking and catching. The diagnostic testing that was performed included x-rays of the right hand and wrist. The physical exam reveals that the right hand and wrist have a well-healed radial incision about the wrist which is tender. There is swelling in this area with prominent hardware. The grip strength is 40-40-30 on the right and 60-60-50 on the left. The range of motion of the right wrist is decreased, with a loss of 30 degrees of dorsiflexion. There is tenderness about the radioulnar joint. The physician notes that the injured worker remains symptomatic with regard to his right wrist and he has had an excellent result from removal of the hardware from his left wrist with ulnar shortening. The physician believes that it would now be best to proceed with the same surgery to the right wrist. The physician requested treatments included Associated surgical service: one (1) x-ray of the right hand with 2 views, Associated surgical service: one (1) x-ray of the left hand with 2 views and 12 post-operative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post-operative physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This is a request for post-operative therapy following July 6, 2015 surgery for removal of old fracture implants following radius fracture and shortening osteotomy of the ulna with placement of internal fixation. The guidelines for radius/ulna fracture treatment are most appropriate; the injured worker had a prior radius fracture which is now healed and now has a surgically created ulnar fracture. The guidelines support 16 post-surgical therapy sessions over 8 weeks with an initial course of treatment being half that number or 8 visits and consideration of additional treatment up to the maximum number of visits if there is documentation of functional improvement with the initial course of therapy. The requested 12 sessions exceeds guidelines and is not medically necessary.

Associated surgical service: one (1) x-ray of the right hand with 2 views: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed Chapter 17: Distal Radius Fractures.

Decision rationale: This is a request for x-rays of the right hand in an injured worker who sustained prior fractures, underwent prior surgical treatment and has ongoing symptoms. The x-rays were performed at the time of initial consultation by an orthopedic hand surgeon. The evaluation of late effects of fractures is beyond the scope of the California MTUS, but discussed in the specialty text referenced. X-rays are a routine and appropriate part of such evaluation. The request is medically necessary.

Associated surgical service: one (1) x-ray of the left hand with 2 views: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed Chapter 17: Distal Radius Fractures.

Decision rationale: This is a request for x-rays of the Left hand in an injured worker who sustained prior fractures, underwent prior surgical treatment and has ongoing symptoms. The x-rays were performed at the time of initial consultation by an orthopedic hand surgeon. The evaluation of late effects of fractures is beyond the scope of the California MTUS, but discussed in the specialty text referenced. X-rays are a routine and appropriate part of such evaluation. The request is medically necessary.