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| <b>Case Number:</b>   | CM15-0140619 |                              |            |
| <b>Date Assigned:</b> | 07/30/2015   | <b>Date of Injury:</b>       | 12/09/2013 |
| <b>Decision Date:</b> | 09/21/2015   | <b>UR Denial Date:</b>       | 06/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/20/2015 |

### 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 32 year old male who sustained an industrial injury on 12-9-13 when his left hand became caught in a machine resulting in injury to his left upper extremity to the shoulder. He was diagnosed with a left humeral fracture (per utilization review). He currently complains of continued left wrist pain radiating to distal forearm. There was tenderness to palpation of the ulnar wrist, positive grind with ulnar compression. Medication was ibuprofen. Diagnoses included acute sprain, strain shoulder; fracture of the left humerus; lesion of radial nerve, status post radial nerve exploration and open reduction internal fixation of humerus (12-24-13); pain in joint upper arm. Treatments to date include surgery; medication with minimal benefit; physical therapy 36, 36. Diagnostics include left wrist x-rays (9-8-14) showing no bony abnormality; x-rays left humerus (3-24-14) showing hardware intact, fracture nearly fully healed; x-rays of left forearm showing near complete healing; electromyography, nerve conduction study of left upper extremity (3-13-14) showing degeneration and radial neuropathy; MRI of the left wrist (10-22-14) showing mild signal triangular fibrocartilage complex near insertion site on styloid which may represent small partial tear. On 6-26-15 utilization review evaluated request for physical therapy 5 sessions for the left wrist; return to clinic 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 5 sessions for the left wrist: Upheld**

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

**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) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times five sessions to the left wrist 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post left radial nerve exploration and open reduction internal fixation humerus; radial nerve palsy improving; radius, ulna and humerus fractures healing well. Date of injury is December 9, 2013. Request for authorization is June 17, 2015. The medical record contains 12 pages. There is a single progress note dated December 15, 2014. There is no contemporaneous clinical documentation on or about the date of request for authorization. Subjectively, the injured worker has left wrist pain 3/10 and works full duty. The documentation states the injured worker received 36 out of 36 physical therapy sessions. There is no documentation demonstrating objective functional improvement. There is no documentation indicating whether additional physical therapy was provided. There are no compelling clinical facts indicating additional physical therapy is clinically warranted (over the recommended guidelines). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating 36 out of 36 physical therapy sessions were rendered and no compelling clinical facts to support additional physical therapy over the recommended guidelines, physical therapy times five sessions to the left wrist is not medically necessary.

**Return to clinic 4-6 weeks: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

**Decision rationale:** Pursuant to the Official Disability Guidelines, return to clinic 4-6 weeks is medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient

outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are status post left radial nerve exploration and open reduction internal fixation humerus; radial nerve palsy improving; radius, ulna and humerus fractures healing well. Date of injury is December 9, 2013. Request for authorization is June 17, 2015. The medical record contains 12 pages. There is a single progress note dated December 15, 2014. There is no contemporaneous clinical documentation on or about the date of request for authorization. Subjectively, the injured worker has left wrist pain 3/10 and works full duty. The documentation states the injured worker received 36 out of 36 physical therapy sessions. There is no documentation demonstrating objective functional improvement. There is no documentation indicating whether additional physical therapy was provided. There are no compelling clinical facts indicating additional physical therapy is clinically warranted (over the recommended guidelines). There is no contemporaneous clinical documentation to make an informed decision as to whether a return to clinic and four - six weeks is clinically indicated. However, utilization review certified a return visit in four - six weeks because periodic follow-up visits to ascertain the claimant's condition can be considered appropriate. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and the utilization review, return to clinic 4-6 weeks is medically necessary.