

<b>Case Number:</b>	CM15-0148134		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	01/18/2015
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 58 year old female, who sustained an industrial injury on January 18, 2015, incurring upper right extremity injuries. She was diagnosed with a right distal radius fracture. She underwent an open reduction internal fixation of the right radius fracture in February, 2015. Treatment included pain medications, and surgical intervention and activity restrictions. Currently, the injured worker complained of continued pain in the right wrist with difficulty bending the right second digit and right thumb. The treatment plan that was requested for authorization included physical therapy to the right wrist for three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, to the right wrist, 3 times a week for 3 weeks:** Upheld

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

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

**Decision rationale:** This is a request for 9 more post-surgical therapy sessions following February 4, 2015 radius fracture surgery. A summary review notes that 18 post-surgical sessions

have been completed. The California MTUS supports up to 16 sessions over 8 weeks during a 4 month post surgical physical medicine treatment following radius fracture surgery. In this case, greater than 16 visits have been completed and the injured worker is outside the 4 month post surgical physical medicine treatment period. The request exceed guidelines and additional therapy is not anticipated to bring about substantial functional improvement and is not medically necessary.