

Case Number:	CM15-0163675		
Date Assigned:	08/31/2015	Date of Injury:	02/17/2015
Decision Date:	09/30/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37-year-old male who sustained an industrial injury on February 17, 2015 resulting in pain in the left forearm. Diagnoses include left ulna and radius fracture. Documented treatment has included open reduction internal fixation of the ulna and closed reduction of the radius. The injured worker has had his cast removed and presents with limited range of motion of the right left wrist and elbow. The treating physician's plan of care, per the July 23, 2015 progress report includes physical therapy for the left upper extremity 2 times a week for 6 weeks. Work status is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for weeks; left arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The claimant sustained a work injury in February 2015 and underwent ORIF of a left mid shaft ulnar fracture with closed reduction of a radius fracture. When seen, he was 16 weeks status post injury. X-ray results were reviewed. His cast was removed. He had decreased wrist and minimally decreased elbow range of motion. He had minimal knee joint tenderness with normal range of motion. He was provided with a forearm brace and referred for 12 sessions of physical therapy. After the surgery performed, guidelines recommend up to 16 visits over 8 weeks with a physical medicine treatment period of 4 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is in excess of accepted guidelines and not considered medically necessary.