

Case Number:	CM15-0180963		
Date Assigned:	10/16/2015	Date of Injury:	12/24/2014
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/14/2015

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: Maryland

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

This 52 year old female sustained an industrial injury on 12-24-14. Documentation indicated that the injured worker was receiving treatment for right distal radius fracture with scapholunate ligament rupture. The injured worker underwent open reduction internal fixation right distal radius and open repair of the scapholunate ligament on 1-17-15. The injured worker underwent removal of hardware on 5-5-15. The injured worker received postoperative physical therapy, massage, thumb spica splint and medications. In a PR-2 dated 5-30-15, the injured worker reported that she was ready for physical therapy. The injured worker was able to flex and extend all fingers without pain. The injured worker could touch her fingers to palm but still exhibited thumb stiffness. The treatment plan included starting physical therapy. In a PR-2 dated 8-31-15, the injured worker complained of neck and shoulder pain. The injured worker stated that she was "doing okay". The injured worker reported that massage was helpful. The injured worker had completed 12 sessions of physical therapy. Physical exam was remarkable for right upper extremity with well-healing incision, mild scarring, wrist range of motion flexion 15 degrees, extension 40 degrees, pronation 85 degrees and supination 80 degrees. The physician noted that the injured worker could flex and extension all fingers and touch her fingers to palm but still exhibited stiffness in the thumb, index finger and middle finger. X-rays of the right wrist showed maintenance of fracture reduction with good fracture healing and maintenance of scapholunate ligament. Exam of the shoulder was positive for impingement. The physician recommended additional physical therapy for the wrist and shoulder and waning thumb spica

splint. On 9-9-15, Utilization Review modified a request for physical therapy evaluation and treatment twice a week for six weeks to four sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: Physical therapy evaluation and treatment 2 x 6 is not medically necessary per the MTUS Post-surgical Guidelines. The MTUS recommends up to 16 postoperative visits for this patient's condition. The documentation indicates that the patient has had 12 sessions of PT. The patient would benefit from 4 more PT sessions for additional work on range of motion, strength and to review and reinforce an independent home exercise program. The patient is out of the postoperative therapy period and the MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this condition. There are no extenuating factors at this time which would necessitate 12 more supervised therapy visits therefore this request is not medically necessary.