

Case Number:	CM15-0194159		
Date Assigned:	10/08/2015	Date of Injury:	05/20/2015
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/02/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 64 year old female who sustained an industrial injury on 5-20-15. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker reported left wrist discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for closed fracture of distal radius. Medical records dated 8-27-15 indicate pain rated at 7 out of 10. Provider documentation dated 9-8-15 noted the work status as "return to full duty". Treatment has included status post left distal radius open reduction and internal fixation, hand therapy cold pack, home exercise program and radiographic studies. Objective findings dated 9-8-15 were notable for left wrist with decreased range of motion. The original utilization review (9-11-15) partially approved a request for Hand therapy for nine sessions for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy for nine sessions for the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The Postsurgical Treatment Guidelines (2009) states that following a radius fracture and repair (ORIF) an allowance of up to 16 supervised physical therapy sessions is suggested with the goal of shifting to unsupervised home exercises after sufficient education is passed on to the patient on how to perform these exercises. In the case of this worker, there was a significant comminuted fracture of the left distal radius requiring ORIF. The records suggest a total of 19 completed sessions of supervised physical therapy over the weeks following the left wrist surgical repair. However, there was only limited benefit reported from these sessions, which ended up being more than recommended. Even considering the severity of the injury and persistent symptoms, 19 sessions should be sufficient to guide the worker to home exercises at this point. Therefore, the current request for an additional 9 sessions is not medically necessary.