

Case Number:	CM15-0194702		
Date Assigned:	10/08/2015	Date of Injury:	02/21/2014
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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 31 year old male, who sustained an industrial injury on 2-21-14. The injured worker is being treated for fracture of left distal radius, status post open reduction internal fixation with metal plate and screws of left radius and complication of cephalic nerve injury with sensory loss of left thumb. Treatment to date has included physical therapy (which helped is pain, unclear how many session or documentation of functional improvement); open reduction internal fixation with metal plate and screws of left radius and activity modifications. On 9-4-15, the injured worker complains of left forearm and left thumb pain and swelling on occasion. Work status is modified duty. Objective findings on 9-4-15 noted positive Tinel's beating over cephalic nerve at left wrist. The treatment plan included physical therapy 2 times a week for 8 sessions to increase range of motion and strengthening. On 9-22-15 request for 16 physical therapy sessions of let forearm was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Two (2) times a week for eight (8) weeks for the Left Forearm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week for eight weeks to the left forearm 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are fracture left distal radius; status post open reduction internal fixation; complication of cephalic nerve injury at surgical site with sensory loss left thumb. Date of injury is February 21, 2014. Request for authorization is September 15, 2015. According to an April 2015 progress note, the injured worker received physical therapy that was helpful. According to a June 5, 2015 progress note, the injured worker completed a course of physical therapy. An additional request for additional physical therapy was noncertified. According to the most recent progress note dated September 4, 2015, subjectively the injured worker was having pain over the left thumb and forearm. No medications were prescribed, the injured worker is not working and there were no new injuries. Objectively, there was a positive Tinel's sign. There are no physical therapy progress notes in the 50 page medical record. There is no documentation demonstrating objective functional improvement with prior physical therapy. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with prior physical therapy notes, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy two times per week for eight weeks to the left forearm is not medically necessary.