

Case Number:	CM15-0196103		
Date Assigned:	10/09/2015	Date of Injury:	12/10/2014
Decision Date:	11/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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 59 year old, male who sustained a work related injury on 12-10-14. A review of the medical records shows he is being treated for right wrist-hand pain. Treatments have included previous physical therapy. There is no documentation of how effective the physical therapy sessions have been in relieving his pain and improving his functional capabilities with the wrist-hand. In the progress notes, he reports weakness and pain in wrist and hand. In the objective findings dated 9-15-15, he has atrophy, limited flexion and grip loss. He is not working. The treatment plan includes a request for continuing physical therapy 2x per week for 6 weeks. The Request for Authorization dated 9-18-15 has a request for physical therapy to hand and wrist 2x per week x 6 weeks. In the Utilization Review dated 9-29-15, the requested treatment of 12 additional physical therapy sessions, 2 x 6, for the right wrist-hand is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional physical therapy sessions, 2 times a week for 6 weeks, right wrist & hand,;
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in December 2014 when he fell and fractured his wrist while working as a driver's helper for [REDACTED]. He sustained a right distal radius fracture and triangular fibrocartilage complex tear treated with immobilization and 4 weeks of physical therapy as of 06/05/15. An additional 12 physical therapy treated were requested. In July 2015, MRI results were reviewed. He had swelling with restricted range of motion and loss of grip strength. A brace and 8 more sessions of physical therapy were requested. When seen in August 2015, he had right wrist pain. Physical examination findings included weakness and distal tenderness. There was decreased supination range of motion and grip strength. An additional 12 physical therapy are being requested. Case notes reference completion of 24 prior therapy sessions. In terms of physical therapy after the claimant's injury, guidelines recommend up to 16 treatment sessions over 8 weeks. The claimant has already had physical therapy for this condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/ appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. It does not reflect a fading of skilled therapy treatments. The request is not medically necessary.