

Case Number:	CM15-0205023		
Date Assigned:	10/21/2015	Date of Injury:	03/09/2015
Decision Date:	12/03/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/19/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28 year old male, who sustained an industrial injury on 3-9-15. The injured worker was diagnosed as having chronic pain due to trauma and unspecified fracture of the left forearm. Subjective findings (7-15-15, 8-17-15 and 9-14-15) indicated 3-5 out of 10 pain at best and 7 out of 10 pain at worse in the left wrist. The injured worker denied any changes to sensation in the medial lower arm, but has significant decreased active range of motion in the left wrist. Objective findings (7-15-15, 8-17-15 and 9-14-15) revealed tenderness in the left radial head and 4 out of 5 muscle strength in the left elbow and forearm. On 9-23-15 the treating physician noted full 130 degrees flexion-extension at the left elbow, wrist flexion-extension limited to 20 degrees and ulnar and radial deviation limited to 5-10 degrees. As of the PR2 dated 10-12-15, the injured worker reports 5-7 out of 10 pain in his left lateral arm. The treating physician noted that the injured worker has completed 24 sessions of occupational therapy. Objective findings include tenderness in the left radial head and 4 out of 5 muscle strength in the left elbow and forearm. Treatment to date has included an ORIF of the left ulnar fracture, Percocet, Ibuprofen, Gabapentin and Meloxicam. The Utilization Review dated 10-16-15, modified the request for additional physical therapy for the left forearm x 12 sessions to additional physical therapy for the left forearm x 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the left forearm (sessions) Qty: 12.00: Upheld

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

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

Decision rationale: Review indicates the patient had left forearm fracture s/p ORIF on 3/9/15 and has completed at least 24 post-op PT. X-rays showed fracture remained well reduced. Post-surgical treatment guidelines recommend 16 visits over 8 weeks for upper arm radial/ ulnar fracture with physical medicine treatment period of 4 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. It appears the patient has received 24 PT visits, exceeding the recommended physical medicine quantity and treatment duration post surgical period almost 9 months past. There is no report of acute flare-up or new injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy without clear functional improvement from treatment already rendered. Submitted reports have not adequately documented support for the above request outside the guidelines criteria and recommendations. There is no new information or reports documenting functional improvement from the post-op PT visits rendered to support further therapy. The Additional physical therapy for the left forearm (sessions) Qty: 12.00 is not medically necessary and appropriate.