

Case Number:	CM15-0026708		
Date Assigned:	03/25/2015	Date of Injury:	10/09/2014
Decision Date:	04/17/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/12/2015

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 62 year old who sustained an industrial injury on 10/09/2014. The injured worker fell from a ladder approximately 3-4 feet off the ground. Diagnoses include open fracture of the right distal radius/distal ulna, aftercare for healing traumatic fracture of the wrist, status post open reduction and internal fixation, right ilium fracture and cervical degeneration. Treatment to date has included diagnostic studies, medications, wrist splint, occupational therapy, and physical therapy. A physician progress note dated 01/08/2015 documents the injured worker has tenderness in the forearm and some swelling into the arm and into the right hand. Elbow range of motion is near full for flexion and extension, supination and pronation near normal. There is very limited wrist flexion and extension still reduced 45/40 degrees respectively. She also has an antalgic gait. There is electrodiagnostic evidence supporting a right ulnar neuropathy at the wrist. The current treatment plan is for medications and the injured worker would benefit from continued occupational/hand therapy and physical therapy. Treatment requested is for Physical Therapy 2 times a week for 3 weeks for the right wrist, right ilium and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 3 weeks for the Right Wrist, Right Ilium and Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: The claimant sustained a work injury in October 2014 after falling from a ladder. Injuries included a right distal radius and ulna fracture treated with ORIF and a fracture of the right ilium. Treatments have included eight sessions of occupational therapy and six sessions of physical therapy. Post surgical treatment after the claimant's surgery would include up to 16 treatments over 8 weeks. In terms of her pelvic fracture, this is a separate injury and concurrent treatment would not be expected. The requested number of treatments is within guideline recommendations and is medically necessary.