

Case Number:	CM15-0216498		
Date Assigned:	11/06/2015	Date of Injury:	10/03/2014
Decision Date:	12/18/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/03/2015

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 53 year old male who sustained an industrial injury on 10-03-2014. Treatment to date has included medications, surgeries and physical therapy. According to a progress report dated 09-21-2015, subjective complaints included right wrist pain that was rated 5 out of 10. There was grade 2 tenderness to palpation, which was decreased from grade 2 to 3 on the last visit. There was restricted range of motion. Tinel's sign and Phalen's test was positive. The injured worker reported some improvement in his activities of daily living with therapy. He felt strength with his right hand. Diagnoses included status post fall with outstretched right wrist fracture and status post wrist surgery x 2; right wrist open reduction and internal fixation followed by right wrist open reduction and internal fixation hardware removal with residuals. The treatment plan included continuation of physical therapy of the right wrist 3 times a week for 4 weeks. The injured worker was placed on temporary totally disabled. On 10-23-2015, Utilization Review non-certified the request for physical therapy 3 times a week for 4 weeks for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Postsurgical Treatment 2009.

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

Decision rationale: Review indicates the patient is status post fall with outstretched right wrist fracture and status post wrist surgery x 2; right wrist open reduction and internal fixation followed by right wrist open reduction and internal fixation hardware removal with residuals. The patient has received at least 23 postop PT visits as of 9/6/15 without identified functional efficacy documented. The Post-surgical treatment guidelines for post carpal/ metacarpal bone fracture recommend 16 therapy visits up over 10 weeks for rehab treatment period with benefits needing to be documented after the first week as prolonged therapy visits are not supported. The patient has had 23 post-op sessions without fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances beyond guidelines recommendations. The patient has received enough therapy sessions recommended for this post-surgical period to transition to an independent home program for continued recovery. The Physical therapy 3 times a week for 4 weeks for the right wrist is not medically necessary or appropriate.