

Case Number:	CM15-0222746		
Date Assigned:	11/18/2015	Date of Injury:	02/17/2015
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/12/2015

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: 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 37 year old male who sustained an industrial injury on 2-17-15. Medical records indicate that he injured worker has been treated for fracture of both bones of the forearm; ulnar plus deformity of the left wrist with minimal swelling; crush injury of the left foot. He currently (9-17-15) complains of left wrist pain with loss of extension of the wrist. Physical exam of the left wrist revealed minimally decreased extension. X-rays of the left forearm revealed slight ulnar plus deformity at the level of the distal radioulnar joint, per 9-23-15 note. Treatments to date include status post open reduction internal fixation of the ulna (2-24-15); physical therapy not completed per 9-17-15 progress note but progress was not present. The request for authorization dated 10-15-15 was for physical therapy 2 times a week for 4 weeks to left arm-wrist. On 10-28-15 Utilization review non-certified the request for physical therapy 2 times a week for 4 weeks to left arm-wrist.

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 4 weeks left arm/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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 to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the left arm and wrist 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 both bones left forearm, status post open reduction internal fixation February 24, 2015; ulnar plus deformity of the left wrist with minimal swelling; and crush injury left foot. Date of injury is February 17, 2015. Request for authorization is October 15, 2015. According to a September 17, 2015 progress note, subjectively each worker is doing relatively well. The documentation indicates the injured worker was finally authorized physical therapy, but has not yet completed the physical therapy. There is ongoing pain in the left wrist. Objectively, there is loss of wrist extension. Range of motion of the left wrist shows a minimal decrease extension. According to the utilization review, 8 postoperative physical therapy sessions were approved. The progress note documentation indicates physical therapy was finally approved. The total number of physical therapy sessions to date is not specified. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (16 physical therapy sessions over eight weeks) is clinically warranted. Treating provider is requesting an additional eight sessions of physical therapy. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy two times per week times four weeks to the left arm and wrist is not medically necessary.