

Case Number:	CM15-0223763		
Date Assigned:	11/19/2015	Date of Injury:	07/14/2015
Decision Date:	12/30/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/13/2015

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 54 year old male who sustained an industrial injury on 07-14-2015. According to an initial hand evaluation report dated 10-14-2015, the injured worker reported right wrist pain. He had been in a cast for the past three months. The cast was removed on this day, and the injured worker did report pain diffusely in the right upper extremity. He had a "severe" amount of stiffness and inability for movement of the wrist as well as all fingers. He was unable to use the right hand for any of his activities of daily living. Dystrophic changes were noted in the right upper extremity. There was no significant fracture tenderness, but there was overall severe stiffness of the wrist with almost no motion. He had almost no motion at MP, PIP joints. Neurologic sensation was intact distally in the fingertips. X-rays were taken of the right wrist with the removed cast which showed a healed comminuted fracture with significant shortening of the metaphyseal region and displacement of the radial styloid. There was also pending ulnar abutment. Diagnoses included right distal radius malunion. The provider noted that the fracture should have been treated with reduction and fixation with a surgical intervention, but was treated with cast immobilization. The injured worker had developed "severe" malunion. The treatment plan included therapy two times a week over a six week period. Work status included modifications with no use of the right upper extremity. Follow up was indicated in six weeks. On 10-26-2015, Utilization Review modified the request for physical therapy 2 times a week for 6 weeks for the right arm, wrist and hand.

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 6 weeks for the right arm, wrist and hand: 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 Official Disability Guidelines (ODG) Preface.

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 six weeks to the right arm, wrist and hand 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 diagnosis is right distal radius malunion. Date of injury is July 14, 2015. Request for authorization is October 19, 2015. Documentation shows the injured worker sustained a fracture of the right distal radius intra-articular with severe comminution and severe malunion. According to an October 14, 2015 initial evaluation, the injured worker's cast was removed. There was pain in the right upper extremity with stiffness. Objectively, they were dystrophic changes overlying the wrist. There was no significant tenderness. The wrist was stiff with poor range of motion. The treating provider requested 12 physical therapy sessions. There was no physical therapy to date. The guidelines recommend a six visit clinical trial. For this malady, the guidelines recommend 9-10 visits over eight weeks. The treating provider requested physical therapy two times per week for six weeks in excess of the recommended guidelines. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and a request for an excessive number of physical therapy sessions (#12), physical therapy two times per week times six weeks to the right arm, wrist and hand is not medically necessary.