

Case Number:	CM15-0032196		
Date Assigned:	02/25/2015	Date of Injury:	01/18/2015
Decision Date:	04/10/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/20/2015

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 58-year-old female, who sustained an industrial injury on 1/18/15. She has reported right finger fracture. The diagnoses have included right wrist and ulna fracture. Treatment to date has included surgical repair of right wrist and ulna fracture, medications and physical therapy. Currently, the injured worker complains of right hand injury. Progress note date 1/18/15, noted the condition of the injured worker was unchanged. On 2/18/15 Utilization Review non-certified outpatient post-op physical therapy t right wrist for 12 sessions, noting the lack of sufficient information of number of sessions requested; however 6 sessions would be recommended. The MTUS, ACOEM Guidelines, was cited. On 2/20/15, the injured worker submitted an application for IMR for review of unlisted therapeutic procedure, unlisted modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Post-Op Physical Therapy (PT) to the right wrist three times a week over four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: The patient was injured on 01/18/2015 and presents with a right finger fracture. The patient was diagnosed with right wrist and ulnar fracture. The request is for outpatient postop physical therapy to the right wrist 3 times a week for 4 weeks. The RFA is dated 01/25/2015 and the patient is to return to modified work on 02/16/2015. The report with the request is not provided. Treatment to date has included surgical repair of right wrist (date of surgery not provided) and ulnar fracture, medications, and physical therapy. MTUS post-surgical guidelines regarding the forearm, wrist, and hand page 18 through 20 allow for 16 visits over 8 weeks for fracture of radius/ulna (forearm). The postsurgical treatment period is 4 months. MTUS page 98 and 99 has the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the patient underwent a fracture of radius/ulna; however, there is no indication when this operation took place. Therefore, MTUS Guidelines pages 98 and 99 were referred to. The treater is requesting for a total of 12 sessions of therapy, which exceeds what is allowed by MTUS Guidelines. The requested postop physical therapy IS NOT medically necessary. In this case, the patient underwent a fracture of radius/ulna; however, there is no indication when this operation took place. Therefore, MTUS Guidelines pages 98 and 99 were referred to. The treater is requesting for a total of 12 sessions of therapy, which exceeds what is allowed by MTUS Guidelines. The requested postop physical therapy IS NOT medically necessary.