

Case Number:	CM15-0046047		
Date Assigned:	03/18/2015	Date of Injury:	09/16/2014
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/11/2015

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 63 year old female, who sustained a work related injury on 9/16/14. The diagnosis has included a displaced right distal radius fracture. Treatments to date have included x-rays of right wrist, physical therapy, home exercise program and right radius fracture pinning surgery on 11/12/14. In the Hand Therapy Re-evaluation note dated 1/23/15, the injured worker is status post pinning of right distal radius fracture. The range of motion and strength is improving gradually in right wrist. She is still having some difficulty with activities of daily living. It is stated that she would benefit from continuing therapy. The treatment plan is request authorization for continued hand therapy 2x/week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy twice weekly for the right wrist: Upheld

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): 18-20.

Decision rationale: The 64 year old patient is status post right distal radius fracture, and currently complains of digital stiffness, as per progress report dated 02/05/15. The request is for HAND THERAPY TWICE WEEKLY FOR THE RIGHT WRIST. The RFA for this case is dated 12/12/14, and the patient's date of injury is 09/16/14. The patient is status post reduction-percutaneous pin fixation, right distal radius fracture on 09/24/14, as per UR appeal letter dated 02/12/15. The patient also underwent removal of five buried K-wires on 11/12/14. The patient has been advanced to no lifting, pushing or pulling greater than 15 pounds, as per progress report dated 02/05/15. MTUS post-surgical guidelines, pages 18-20, recommend 16 sessions of PT over 8 weeks for fracture of radius. The post-operative time frame is four months. In this case, the patient has undergone 20 sessions of hand therapy, as per hand therapy re-evaluation report dated 01/23/15. In the UR appeal letter dated 02/12/15, the treating physician states that the request for 12 additional sessions of hand therapy was not certified as it exceeds MTUS recommendation. However, the treating physician states that additional therapy will help "prevent movement dysfunction and physical disability of the patient." The physician also states that "I strongly believe that the additional sessions would help the patient stabilize her condition by maintaining the flexibility of joints, improve mobility, and correct the altered joints to its correct position." The treating physician, nonetheless, does not document objective improvement in function and pain due to prior therapy. Additionally, MTUS only allows 16 sessions in such cases, and the patient has already received more than the recommended number of visits. Hence, the request IS NOT medically necessary.