

Case Number:	CM15-0050257		
Date Assigned:	03/23/2015	Date of Injury:	04/02/2013
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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 49 year old male who sustained a work related injury on April 2, 2013, fracturing his back, shoulders, wrists and hands after falling thirty feet from a church ceiling. He was diagnosed with multiple rib fractures, lumbar fractures, elbow, wrists, knees, legs and feet fractures. He underwent multiple surgeries with postoperative rehabilitation. Treatment included pain medications, and pain management, physical therapy, home exercise program, and psychological therapy. Currently, the injured worker complained limited wrist range of motion. The treatment plan that was requested for authorization included physical therapy to 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 3x6 weeks to the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine 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 presents with right wrist and elbow pain. The request is for physical therapy 3x6 weeks to the right wrist. The request for authorization is not provided. The patient is status-post right wrist surgery, 04/14/13. X-ray of the right wrist, 05/08/13, shows multiple wires and screws noted across the wrist. Range of motion of the right wrist is about 40 degrees of active flexion and extension. The pain in the right wrist is now minimal, and there is no evidence of swelling or joint effusion at all. The patient is temporarily partially disabled. MTUS post-surgical guidelines, pages 18-20, recommend 14 sessions over a span of 12 weeks. The post-operative time frame is 6 months. MTUS Chronic Pain Management Guidelines, pages 98, 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 pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated, 08/19/14, provider's reason for the request is "The therapy will also work on the strengthening protocol." In this case, the patient is post-surgical RIGHT wrist, 04/14/13, thereby being well outside the post-operative time frame of 6 months. Nevertheless, given the patient's symptoms, a short course of physical therapy would be indicated. However, per physical therapy report dated, 06/03/14, patient has had 20 visits of physical therapy. Additionally, the provider does not discuss any flare-ups or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 18 additional sessions of physical therapy would exceed MTUS guidelines for non-post-op conditions. Therefore, the request IS NOT medically necessary.