

Case Number:	CM15-0055336		
Date Assigned:	03/30/2015	Date of Injury:	04/28/2014
Decision Date:	05/04/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/23/2015

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 49 year old female, who sustained an industrial injury on 4/28/2014. She reported right wrist injury. The diagnosis is not indicated in the available records. Treatment to date has included right wrist surgery, medications, and x-ray. On 3/13/2015, documentation from the provider indicates they are appealing a denial of the request for 12 additional physical therapy sessions for the right wrist. The injured worker presented to their office of 2/2/2015, for surgical consultation of the right wrist fracture. She was then seen on 3/2/2015, after having completed 4 physical therapy sessions, and having significant improvement in strength, however had continued pain. No other records are available for this review. The request is for 12 additional physical therapy sessions for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, Right Wrist, 12 sessions over 4 weeks (3 times weekly):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. 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, additional physical therapy to the right wrist, 12 sessions over four weeks (three times per week) 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 radial fracture. The medical record contains 27 pages with no progress note documentation. An appeal letter dated March 3, 2015 is present in record. The appeal letter states the injured worker received 10 sessions of physical therapy for the distal radial fracture. On March 2, 2015, the injured worker received four additional sessions of physical therapy with "significant improvement" and continued functional limitations. The documentation does not contain objective evidence of functional improvement. The guidelines state a patient should be formally assessed after a six visit clinical trial prior to continuing with physical therapy. There is no documentation in the medical record with a formal assessment after the six visit the trial. The guidelines recommend 16 visits over eight weeks for postsurgical physical therapy (fractured radius/ulna). The injured worker received the initial 10 sessions of physical therapy with an additional four visits. The treating provider is requesting an additional 12 sessions over four weeks. This is in excess of the recommended guidelines. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Additionally, there are no compelling clinical facts in the medical record warranting additional physical therapy (over the guideline recommendations). Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines, additional physical therapy to the right wrist, 12 sessions over four weeks (three times per week) is not medically necessary.