

Case Number:	CM14-0107845		
Date Assigned:	08/01/2014	Date of Injury:	07/10/2013
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old male who reported an injury after he fell from a ladder on 07/10/2013. The clinical note dated 07/11/2014 indicated diagnoses of a fall from a ladder; he fractured his distal radius right wrist, status postoperative open reduction and internal fixation and elbow loose body. The injured worker reported he was feeling well since his last visit. The injured worker reported he had no pain; however, he had occasional throbbing but he reported that happened rarely. The injured worker reported he had no elbow pain; however, he had not been able to extend his right upper extremity and he had numbness with the right thumb and stiffness. On the physical examination of the right wrist, the injured worker had no tenderness, slight swelling, and the injured worker's range of motion was quite limited. The injured worker's range of motion for the elbow, there was no tenderness, range of motion was 10 to the right, 5 to the left; flexion was 130 degrees to the right, 140 degrees left; pronation was 90 degrees right; and supination was 40 degrees right and 90 degrees left. Range of motion for the wrist was 19.5 degrees right, 18.5 degrees left; extension 45 right, 70 left; and flexion 35 right, 80 left. The injured worker's Jamar grip was right 30, left 40. The injured worker's treatment plan is to continue with instructed exam. The injured worker's prior treatments included diagnostic imaging, surgery, and physical therapy. The provider submitted a request for 24 sessions of physical therapy. A Request for Authorization was not submitted to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for 24 sessions of physical therapy is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. In addition, the completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue exercises such as strengthening and range of motion. Moreover, the request did not indicate a body part for the physical therapy. Additionally, the request did not indicate a time frame for the physical therapy. Therefore, the request for 24 Sessions of Physical Therapy is not medically necessary.