

Case Number:	CM14-0116284		
Date Assigned:	08/04/2014	Date of Injury:	03/10/2014
Decision Date:	09/26/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/24/2014

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 Orthopedic Surgeon, has a subspecialty in Sports Medicine 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 54-year-old female who reported injury on 03/10/2014. The mechanism of injury was the injured worker was walking backwards leading children when she tripped on a tree well landing on her right wrist. The injured worker had an open reduction internal fixation for a fractured distal radius. The injured worker had 16 sessions of physical therapy. The diagnostic studies and medications were not provided. The documentation of 07/14/2014 revealed the injured worker had limited range of motion and strength in the right hand and wrist. The diagnoses included fractured distal radius, secondary contracture. The treatment plan was modified restrictions and physical therapy 2 times a week times 4 weeks. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines indicate the treatment for a fracture of a radius is 16 visits. The clinical documentation submitted for review

indicated the injured worker had 16 visits of postoperative therapy. There was a lack of documentation indicating objective functional deficits to support continued postoperative physical therapy. Additionally, the request as submitted failed to indicate the body part to be treated with physical therapy. Given the above, the request for postoperative physical therapy twice a week for 4 weeks is not medically necessary.