

<b>Case Number:</b>	CM14-0123942		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 24 year old female. The listed diagnoses per [REDACTED] is open right forearm fracture. According to progress report 6/11/14. The patient is 2.5 weeks status post I&D and ORIF of the right distal radial shaft open fracture and ORIF of distal Ulnar shaft fracture. On examination, "her alignment is excellent and her range of motion is slow to improve." The treater is requesting physical therapy 3 times a week for the next 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3x8 (3 times a week for 8 weeks) to the right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Elbow & Upper Arm (MTUS post-surgical Page(s): 15-17.

**Decision rationale:** This patient is 3 weeks status post I&D and ORIF of the right distal radial shaft open fracture and ORIF of distal Ulnar shaft fracture. The treater is requesting additional physical therapy 3 times per week for the next 8 weeks. Utilization Review modified the certification from the requested 24 sessions to 6 sessions. The MTUS post surgical guidelines pg. 15-17 recommends for fracture of radius/ulna 16 visits over 8 weeks. The patient has completed

12 post operative therapy with continued residual symptoms. In this case, a short course of 4 additional sessions may be warranted to address patient continued complaints. However, the treater's request for additional 24 sessions exceeds what is recommneded by MTUS. Recommendation is for denial.