

<b>Case Number:</b>	CM14-0129749		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 62 year old female who reported an injury on 03/27/2014 from a fall. The injured worker was diagnosed with a closed fracture of the left wrist. The injured worker was treated with medications, surgery, and physical therapy. The injured worker had an official CT scan without contrast of the left wrist on 03/28/2014 and unofficial x-rays of the left wrist and left hip/pelvis on 03/27/2014. The injured worker had an open reduction and internal fixation of the distal radial fracture with the use of an external fixator and volar plate and a repair of the scapholunate ligament through a dorsal incision on 04/03/2014. The clinical note dated 08/20/2014 noted the injured worker complained of mild pain in the left wrist. The injured worker's left wrist range of motion was close to 60 degrees with dorsiflexion, 60 degrees with palmar flexion, and supination and pronation were full. The injured worker's right wrist range of motion was close to 80 degrees with dorsiflexion and palmar flexion. The injured worker's prescribed medications were not indicated within the medical records. The treatment plan was for 8 visits of physical therapy (28 total post-operative) for the closed fracture of the left wrist on 04/03/2014. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 VISITS OF PHYSICAL THERAPY (28 TOTAL, POST-OP): 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 injured worker is status post open reduction and internal fixation of the distal radial fracture on the left and is complaining of mild pain. The injured worker's left wrist range of motion was close to 60 degrees with dorsiflexion, 60 degrees with palmar flexion, and supination and pronation were full. The injured worker's right wrist range of motion was close to 80 degrees with dorsiflexion and palmar flexion. The California MTUS guidelines recommend 16 visits postsurgical physical therapy for a fracture of the radius with a 4 month postsurgical treatment period. The injured worker's medical records lack documentation demonstrating significant objective functional improvement with the prior sessions of physical therapy. The request for 8 additional sessions of physical therapy for a total of 28 post-operative visits exceeds the guideline recommendation of 16 sessions. As such, the request for 8 visits of physical therapy (28 total, post-operative) is not medically necessary.