

Case Number:	CM14-0130536		
Date Assigned:	08/20/2014	Date of Injury:	04/16/2014
Decision Date:	09/30/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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 Surgery 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 case involves a 60 year old female claimant with an industrial injury dated 04/16/14. Exam note dated 04/23/14, states the patient underwent closed reduction percutaneous pin fixation of right distal radius fracture. Exam note dated 05/19/14, states the patient returns with improvement range of motion with pins palpable beneath the skin. Exam note dates 06/12/14, states the patient returns with hand pain. The physical exam provides evidence of moderate diffuse stiffness but no tenderness at the fracture site. Exam note dated 06/05/14, states the patient was approved for wrist hardware removal and 12 hand therapy sessions, with an additional 6 approved visits on 06/27/14. Since the patient continues to have wrist pain, request is made for further physical therapy two times a week for six weeks hand therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional certified hand therapy sessions, twice weekly for 6 weeks Quantity: 12: 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: CA MTUS/Post Surgical Treatment Guidelines, Forearm, Wrist and Hand recommend up to 16 visits over 8 weeks for fractures of the radius and ulna. In this case the

claimant has had 12 visits postoperatively. This request exceeds the recommended allowable visits, therefore, is not medically necessary.