

Case Number:	CM14-0167511		
Date Assigned:	10/14/2014	Date of Injury:	04/16/2013
Decision Date:	12/19/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/10/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in North Carolina, Virginia and Maryland. 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 patient is a 42 year old male with a reported date of injury on 4/16/13 who requested 8 hand therapy sessions from an RFA dated 9/19/14. He had undergone a right ulnar shortening osteotomy on 3/19/14. Physical therapy visit 15 out of 16 dated 10/7/14 noted that the patient was doing ok and tolerating therapy well. Plan was to continue therapy. Documentation from the treating surgeon dated 9/25/14, notes that the patient continues to complain of intermittent pain. Examination notes no tenderness over the fracture site. Tenderness is non-focal throughout the forearm. X-rays show a well-healed osteotomy site. The patient is noted to be approaching maximal medical improvement. After a functional capacity evaluation has been completed, he will be permanent and stationary. Physical therapy visit 9 out of 12 dated 9/16/14 noted that the patient had a painful volar wrist. He tolerated therapy well. Plan was to continue therapy. Physical therapy visit 8 out of 12 dated 9/11/14 noted that the patient had made consistent gains in range-of-motion and strengthening. Documentation from the treating surgeon dated 8/21/14, notes that the patient continues with gradual improvement with therapy. Examination notes no tenderness over the osteotomy site. He has mild tenderness over the plate. He has improved range of motion, but with asymmetric strength. He is to continue with physical therapy. Documentation from the treating surgeon dated 7/22/14, notes that the patient has been wearing a splint and has had gradual improvement in his symptoms. Examination notes no tenderness over the osteotomy site. He has appropriate stiffness and weakness. The splint is discontinued and he will begin therapy, as well as continuing NSAIDs. Documentation from previous follow-up visits notes the patient's post-operative progress from the surgery on 3/19/14. Utilization review dated 9/26/14 did not certify the 8 hand therapy visits, but modified it to 4 visits. Reasoning given was that based on applicable guidelines following surgical treatment of ulnar fractures

(similar to ulnar osteotomy), 16 visits are supported. The patient is noted to have completed 12 visits that documented improvement and thus, four additional visits are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy x 8 sessions: 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: According to the MTUS guidelines, Post-Surgical Treatment Guidelines Forearm, Wrist and Hand, page 20; fracture of radius/ulna (forearm) (ICD9 813): Postsurgical treatment: 16 visits over 8 weeks, postsurgical physical medicine treatment period: 4 months. The patient is a 42 year old who had undergone right ulnar shortening/osteotomy for ulnar impaction on 3/19/14. His splint was removed in July and he began his post-operative therapy in August. At visit 8 out of 12, he was noted to have made improvement with range-of-motion and strengthening. He had been approved for 12 visits. Thus, additional physical therapy is warranted based on the guidelines as outlined below. Ulnar shortening is a form of controlled ulnar fracture and thus, those guidelines are appropriate. A total of 16 visits are consistent with this guideline. 8 more visits would total 20 and exceed these recommendations. Thus, 8 additional therapy visits should not be considered medically necessary.