

Case Number:	CM14-0216517		
Date Assigned:	01/06/2015	Date of Injury:	06/24/2014
Decision Date:	02/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

male claimant sustained a work injury on 6/24/14 involving the right arm. He had a right distal radius intraarticular fracture and underwent an ORIF on 7/8/14. He had undergone occupational therapy. A progress note on 9/8/14 indicated the claimant had healed incisions. Range of motion was improved. There was minimal swelling. Sensation was intact. The surgeon recommended 12 additional sessions of physical therapy. A therapy note on 10/27/14 indicated the claimant was increasing range of motion and making good progress This was 26 of 26 visits. The disability rating improved 10%. Twelve sessions remained.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right wrist, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): (s) 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Physical/Occupational Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 174, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Forearm pain

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks According to the ACOEM guidelines, therapy is to be performed for initial and follow-up for education and to be completed at home. The ODG guidelines recommend up to 16 visits post-op. In this case, the claimant completed over 26 sessions of therapy. There was no indication that additional sessions cannot be completed at home. The request is not medically necessary.