

<b>Case Number:</b>	CM15-0016576		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 50 year old female, who sustained an industrial injury on 12/4/12. She sustain a left wrist fracture related to a fall. The diagnoses have included fracture of the left distal radius. Treatment to date has included an open reduction and internal fixation on the left wrist on 12/5/12, physical therapy and oral medications. On 11/11/14, the injured worker had surgery to remove hardware from the left wrist. As of the PR2 dated 11/25/14, the injured worker reported no fever or chills and the incision was healing well. The treating physician requested physical therapy 2x week for 4 weeks for left wrist. On 1/20/15 Utilization Review non-certified a request for physical therapy 2x week for 4 weeks for left wrist. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 1/28/15, the injured worker submitted an application for IMR for review of physical therapy 2x week for 4 weeks for left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2x4weeks (8 sessions) left wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 17.

**Decision rationale:** Additional physical therapy 2x4weeks (8 sessions) left wrist is not medically necessary per the MTUS Guidelines. The MTUS post surgical guidelines state that for fracture of radius/ulna there should be 16 visits over 8 weeks. The MTUS Physical medicine guidelines recommend a fading of supervised therapy to an active self directed home exercise program. The documentation indicates that the patient has already exceeded the recommended amount of post op therapy for this condition. The documentation does not indicate extenuating factors that would require 8 more supervised therapy visits. The patient should be versed in a home exercise program. Therefore the request for additional 8 sessions of PT for the left wrist is not medically necessary.