

Case Number:	CM15-0119693		
Date Assigned:	06/30/2015	Date of Injury:	03/01/2015
Decision Date:	10/22/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports 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 59 year old female, who sustained an industrial injury on March 1, 2015. Medical records indicate that the injured worker is undergoing treatment for a left distal radius intraarticular fracture, left wrist-hand pain, left elbow sprain-strain, left wrist traumatic carpal tunnel syndrome, non-union ulnar styloid and left elbow sprain-strain. The injured worker is not working and was noted to be temporarily partially disabled. Most current documentation dated April 9, 2015 notes that the injured worker reported intermittent left wrist and hand pain. The pain was described as sharp and throbbing. The pain traveled to her fingers, causing numbness. The pain was rated 6 out of 10 on the visual analogue scale. The injured worker also noted anxiety, depression and insomnia due to pain and stress. The injured worker had difficulty with self-care, cooking and housework. The injured worker also had difficulty with grasping and lifting. Examination of the left arm-wrist revealed tenderness and soft tissue swelling in the left forearm to the wrist. The left palm and fingers revealed dusky discoloration trophic skin changes suggesting reflex sympathetic dystrophy syndrome. There was limited fingertip flexion to the mid palmar crease of the second, third, fourth and fifth fingers. There was abnormal motor power and sensation of the left hand. Treatment and evaluation to date has included medications, radiological studies, physical therapy and a left open reduction and internal fixation of a left distal radius fracture (3-11-2015). The injured worker was not taking any medications at the present time. Prior physical therapy documentation was not provided in the medical records. Current requested treatments include a request for physical therapy to the left hand-wrist two times a week for six weeks to focus on strength training, increasing range of motion and

decreasing pain. The Utilization Review documentation dated June 10, 2015 modified the request for physical therapy to the left wrist-hand to four physical therapy sessions (original request two times a week for six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy for the left wrist and hand, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical/Occupational therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: This is a request for 12 more postsurgical therapy sessions in an injured worker who underwent March 11, 2015 surgery for a radius fracture. It is noted that the injured worker has already performed therapy 12 sessions. The California MTUS supports up to a maximum of 16 postsurgical therapy sessions in a 4-month post surgical physical medicine treatment period following such surgery. The requested additional 12 sessions for a total of 24 sessions exceeds guidelines and it has now been over 7 months since surgery and there is no reasonable expectation that additional therapy will bring about substantial functional improvement. Therefore, the request is not medically necessary.