

Case Number:	CM15-0121743		
Date Assigned:	07/02/2015	Date of Injury:	05/20/2014
Decision Date:	07/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/23/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 24 year old female with an industrial injury dated 05/20/2014. The mechanism of injury is documented as a traumatic crush injury causing an open distal radius and ulnar fracture. Her diagnoses included pain in right arm and fracture of distal end of radius and ulna. Prior treatment included open reduction and internal fixation for open distal radius and ulnar fracture, physical therapy, functional capacity evaluation and medications. The injured worker presented on 11/21/2014 (most recent record available for review) with complaints of pain in right arm. She was also post fracture of distal end of radius and ulna. She continued to complain of most of her pain where she had surgery in the right forearm. Associated symptoms were weakness and tenderness in the area. She rated her pain as 3/10. She had finished physical therapy and functional capacity evaluation. Physical exam noted the injured worker to be in no acute distress with pain behavior within expected context of disease. The provider noted the physical therapy had improved her range of motion, strength, endurance and ability to use right upper extremity. She remained compliant with her home exercise program. The treatment request is for physical therapy right wrist, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right wrist, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

Decision rationale: This claimant was injured over a year ago from a traumatic crush injury causing an open distal radius and ulnar fracture. Her diagnoses included pain in right arm and fracture of distal end of radius and ulna. Prior treatment included open reduction and internal fixation for open distal radius and ulnar fracture, physical therapy, functional capacity evaluation and medications. As of November 2014, there is still pain in the right arm. The provider noted the physical therapy had improved her range of motion, strength, endurance and ability to use right upper extremity. She remained compliant with her home exercise program. It is not clear why the home program itself would not now be sufficient, in lieu of this request for physical therapy right wrist, 6 sessions. The MTUS does permit physical therapy in chronic situations, noting that one should 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 conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self- actualization. This request for more skilled, monitored therapy is not medically necessary.