

Case Number:	CM15-0179975		
Date Assigned:	09/21/2015	Date of Injury:	12/15/2014
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/14/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old male with an industrial injury dated 12-15-2014. A review of the medical records indicates that the injured worker is undergoing treatment for mechanical fall 12-15-2014 with right wrist fracture, status post open reduction internal fixation (ORIF) 12-24-2014, and right hip contusion. Treatment has included Ibuprofen, physical therapy and periodic follow up visits. Medical records (7-08-2015 to 08-05-2015) indicate persistent right wrist pain. The injured worker rated pain a 5 out of 10. The injured worker reported that the pain is worse after activity, aggravated by repetitive use and improved with medications. The injured worker has reported increase in the level of function during activities, since last visit. Objective findings (7-8-2015) revealed right grip test: 18, 12, 18, slightly tender at the distal radius on right, and 40 degrees wrist extension, 30 degrees of flexion. Physical exam (8-5-2015) revealed limited flexion and extension, slightly tender right wrist, and right grip test: 28, 20, 16. The treatment plan included extension of physical therapy and follow up evaluation. The injured worker was released to modified work on 07-08-2015. The original utilization review determination (08-20-2015) non-certified the request for additional physical therapy two times a week for four weeks for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two times a week for four weeks for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.