

Case Number:	CM15-0061568		
Date Assigned:	04/07/2015	Date of Injury:	04/16/2014
Decision Date:	05/06/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/01/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 61 year old, female who sustained a work related injury on 4/16/14. The diagnosis has included right wrist fracture. Treatments have included x-rays, right wrist surgery, postoperative physical therapy sessions, modified work duties, home exercise, use of a Dynasplint and medications. In the office note dated 2/9/15, the physician finds that the injured worker has supination of 50 degrees as compared to 70 degrees on the contralateral side. The treatment plan is to continue therapy and home exercises. In the office note dated 3/9/15, the injured worker is able to supinate right wrist to 60 degrees as compared to 50 degrees previously. Treatment plan is still awaiting authorization for additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional therapy 2 times a week for 6 weeks for the right hand and wrist: Upheld

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

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

Decision rationale: The patient is a 61 year old female who had a right wrist fracture on 04/16/2014. She had surgery and postoperative physical therapy. She was also instructed in a home exercise program. The requested 12 additional physical therapy visits after postoperative therapy was completed exceeds the maximum number of physical therapy visits allowed under chronic pain, physical medicine guidelines. Also, at this point in time relative to the injury there is no objective documentation that continued formal physical therapy is superior to a home exercise program. The requested 12 visits of physical therapy are not medically necessary.