

Case Number:	CM15-0062292		
Date Assigned:	04/08/2015	Date of Injury:	09/09/2014
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
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: Texas, New York, 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 applicant is a represented 63-year-old who has filed a claim for hand and wrist pain reportedly sustained in an industrial injury of December 9, 2014. In a Utilization Review report dated March 25, 2015, the claims administrator failed to approve a request for 16 sessions of physical therapy. An order form dated March 19, 2015, was referenced in the determination, along with a progress note dated March 18, 2015. The applicant's attorney subsequently appealed. On February 16, 2015, the applicant reported ongoing complaints of hand and wrist pain. Acupuncture, work restrictions, and orthopedic referral were endorsed. It did not appear that the applicant was working with a rather proscriptive "no use of right hand" limitation in place. The applicant's cast had apparently been removed. The applicant had apparently received non-operative treatments to include casting for a wrist fracture, it was incidentally noted. On March 18, 2015, the applicant consulted an orthopedic hand surgeon, noting that the applicant had sustained a non-displaced distal radial fracture and had been treated non-operatively with casting and splinting. X-rays demonstrated that the fracture had healed. The applicant did exhibit tenderness, stiffness, and limited range of motion about the wrist. Physical therapy for the purpose of improving range of motion was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times weekly, right hand QTY: 16: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG Physical/Occupational Therapy Guidelines
i;½Fracture of radius/ulna (forearm) (ICD9 813):Medical treatment: 16 visits over 8 weeks.

Decision rationale: Yes, the request for 18 sessions of physical therapy for the wrist was medically necessary, medically appropriate, and indicated here. The request in question was framed as a first-time request for physical therapy, initiated on or around an orthopedic office visit of March 18, 2015. The requesting orthopedist stated that the applicant had been casted and splinted for the preceding five months. The requesting provider suggested that the applicant's cast had been removed in mid-February 2015. The MTUS does not address the topic of physical therapy as part of medical treatment for radial fractures. ODGs forearm, hand, and wrist chapter does, however, support a 16-session course of therapy as part of medical rehabilitation following a radial fracture, as was sustained here. Therefore, the request was medically necessary.