

Case Number:	CM15-0071920		
Date Assigned:	04/22/2015	Date of Injury:	12/03/2014
Decision Date:	05/20/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old female who sustained an industrial injury on December 3, 2014. She reported an injury to her left wrist and was diagnosed with a left distal radius fracture with minimal displacement. Prior treatment includes physical therapy, home exercise program, orthotics and imaging of the left wrist. Currently the injured worker complains of occasional stiffness and pain in the wrist. Objective findings include very minimal tenderness to palpation at the fracture site. The diagnosis associated with the request is close fracture of the distal end of the radius. Her treatment plan includes continued home exercise program and continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 4 Weeks for The Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a left distal radius fracture with minimal displacement in December 2014 which was treated not operatively. She has had 12 therapy treatment sessions. When seen, she was having occasional pain and stiffness and was performing a home exercise program. Physical therapy treatments after the claimant's injury could be expected to include up to 16 therapy sessions over eight weeks. In this case, the claimant is already performing an independent home exercise program. The number of additional treatments being requested is in excess of the guideline recommendation. The requested additional physical therapy is not medically necessary.