

Case Number:	CM15-0098280		
Date Assigned:	05/29/2015	Date of Injury:	02/21/2014
Decision Date:	07/02/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/21/2015

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: California

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 30 year old male, who sustained an industrial injury on 2/21/14. He reported a left arm injury. The injured worker was diagnosed as having fracture left distal radius, status open reduction internal fixation with metal plate and screws of left radius and complication of cephalic nerve injury at surgical site with sensory loss left thumb. Treatment to date has included open reduction and internal fixation of left radius, oral medications, physical therapy and activity restrictions. Currently, the injured worker complains of minimal pain in left arm with stiffness, popping and cracking. He is currently not working. He states the therapy is helping. Physical exam noted slight swelling over dorsum of left wrist. The treatment plan included physical therapy, continuation of tramadol and return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 8 for the left wrist: Upheld

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

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

Decision rationale: This worker has had a distal radius fracture which was internally fixated on 3/25/14. The post-op guidelines do not apply given this time course. In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Monthly follow-up notes from October 2014 through early 2015 do not comment on functional gains of any therapy and essentially recommend the same amount of PT to be continued. Therefore, additional physical therapy is not medically necessary.