Case Number:	CM17-0006912		
Date Assigned:	01/13/2017	**Date of Injury:**	11/15/2016
Decision Date:	02/17/2017	**UR Denial Date:**	12/20/2016
Priority:	Standard	**Application Received:**	01/10/2017

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,Texas
Certification(s)/Specialty: Orthopedic Surgery, Sports 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:

This case involves a now 34-year-old male with a history of an occupational claim from 11/15/2016. The mechanism of injury is detailed as a motor vehicle accident. The current diagnoses are documented as unspecified fracture of right femur; nondisplaced comminuted fracture of shaft of right fibula; and other fracture of unspecified lower leg. The prior treatment included medications, splinting, physical therapy, and surgery. On 12/23/2016, the patient presented for a follow-up visit. The patient complained of left wrist pain, left forearm pain, right femur pain, right ankle pain, right leg pain, and right foot pain. On physical examination, there was tenderness in all corresponding areas. It was noted that an x-ray, which was done on the day of the visit, revealed that the left wrist had a fracture of the fourth metacarpal and comminuted not too much displaced fracture of the capitate and hamate was in good position, but not healed yet. An x-ray of the left forearm indicated there was a fracture of the radius with a plate and screw on it, but no callus formation was noted and it was in good and excellent alignment. A radiologic evaluation of the right femur indicated a fracture of the shaft or finger or the rod in position with anatomic reduction, but no callus formation was noted. An x-ray of the tibia/fibula indicated a comminuted fracture of the distal tibia like a pilon fracture with an anatomic reduction, and there were 2 syndesmotic screws going across. The foot seemed to be okay with no fracture identified. The treatment plan consisted of gloves, wipes, and physical therapy. The Request for Authorization was noted to be received on 12/13/2016. The prior determination on 12/20/2016 denied the request for gloves and hygiene wipes due to the specific number of wipes

and gloves are not specified upon the request. The request for physical therapy was modified due to an initial trial is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Large gloves: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Durable medical equipment (DME)).

Decision rationale: The California MTUS and ACOEM Guidelines do not address the specific request. The Official Disability Guidelines state that durable medical equipment is recommended to generally if medical need and if the device or system meets Medicare's definition of durable medical equipment. The requested service did not specify the amount of gloves that are being recommended. Therefore, the request is not supported at this time. As such, the request is not medically necessary.

Hygiene wipes: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Durable medical equipment (DME)).

Decision rationale: The California MTUS and ACOEM Guidelines do not address the specific request. The Official Disability Guidelines state that durable medical equipment is recommended to generally if medical need and if the device or system meets Medicare's definition of durable medical equipment. The requested service did not specify the amount of hygiene wipes that are being recommended. Therefore, the request is not supported at this time. As such, the request is not medically necessary.

PT/OT two to three times a week for six to eight weeks (24 sessions) left hand, right lower leg was the original request. PT/OT 6 sessions left hand, right lower leg was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, PT/OT 18 sessions left hand, right lower leg is: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee, Forearm, Wrist, & Hand.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines recommend up to 16 visits of postoperative physical therapy following a fracture of the metacarpal bone. The California Postsurgical Treatment Guidelines also recommend 30 visits of postoperative physical therapy following the fracture of other and unspecified parts of femur. The documentation submitted for review indicated that the patient underwent an open reduction internal fixation of the right ankle, right femur, and right fingers on 11/16/2016 through 11/22/2016. It was also noted that the patient was previously treated with occupational therapy. However, on 12/23/2016, the only objective findings that were documented were tenderness in all corresponding areas. There was also a lack of documentation regarding range of motion numerical values. In addition, the 24 sessions are excessive without re-evaluation of the patient's objective response to the therapy. Given the above, the request is not supported. As such, the request is not medically necessary.