

Case Number:	CM13-0031202		
Date Assigned:	12/04/2013	Date of Injury:	03/21/2013
Decision Date:	10/13/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 is a patient with a date of injury of March 21, 2013. A utilization review determination dated September 23, 2013 recommends denial of additional occupational therapy for the left arm and wrist. An operative report dated March 26, 2013 indicates that the patient underwent open reduction internal fixation of left distal radius greater than three-part intra-articular fracture. A progress report dated August 8, 2013 identifies subjective complaints indicating that the patient's symptoms are better since the previous visit. He has continued wrist pain and has been going to physical therapy "which is helping." Physical examination identifies 5 -/5 in grip strength and wrist extension and flexion, sensation is intact, range of motion continues to improve and is approximately 80% of normal in flexion and extension. Diagnosis is status post open reduction and internal fixation left a distal radius with possible auto bone graft. The treatment plan recommends returning to work with work limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OCCUPATIONAL THERAPY FOR THE LEFT ARM/WRIST, TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, it is unclear how many physical therapy sessions the patient has already undergone, making it impossible to determine if the currently requested 12 visits exceeds the maximum number recommended by guidelines for this patient's diagnosis. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.