

Case Number:	CM13-0048290		
Date Assigned:	12/27/2013	Date of Injury:	06/12/2012
Decision Date:	08/06/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/05/2013

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for scaphoid fracture reportedly sustained in an industrial injury of June 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier wrist open reduction internal fixation surgery; 40 sessions of postoperative physical therapy, per the claims administrator; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 25, 2013, the claims administrator denied a request for additional occupational therapy. Despite the fact that the applicant was outside of the postsurgical physical medicine treatment period following an earlier right scaphoid non-union ORIF and capsulorrhaphy procedure on February 7, 2013, the claims administrator nevertheless cited the Postsurgical Treatment Guidelines in MTUS 9792.24.3. The applicant subsequently appealed. On October 18, 2013, the applicant was described as having persistent complaints of wrist pain and stiffness. Flexion was apparently limited to 50 degrees. The applicant felt that he was 80% back to baseline. Additional occupational therapy was sought. The applicant's work status was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OT 2X6 RIGHT HAND: Upheld

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

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

Decision rationale: The 12-session course of treatment, in and of itself, represents treatment of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. In this case, no rationale for treatment in excess of MTUS parameters was provided. No clearly written prescription for further physical therapy and/or further treatment goals was provided. The applicant's work status, functional status, and response to earlier treatment were not clearly detailed. Therefore, the request is not medically necessary.