

Case Number:	CM13-0056173		
Date Assigned:	12/30/2013	Date of Injury:	10/14/2010
Decision Date:	04/04/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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 42 year old injured worker suffered a right distal radius fracture on October 14, 2010, which was treated with casting. Left hand pain was reported in 2012. Volar angulation was reported. Angulation measured at 20 degrees deviation in June 2013. 2013 EMG and NCV were normal. Reflex sympathetic dystrophy was diagnosed and treated with hand (occupational) therapy, which helped the worker's symptoms. MRI in August showed ulnar nonunion. Volar angulation had progressed to 30 degrees deviation by September. In October, distal radius osteotomy and bone graft were recommended, with postsurgical occupational therapy. 12/12/2013 evaluation reports that surgery was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: MTUS dates the postsurgical physical medicine period from the date of the surgical procedure to the time specified in MTUS recommendations, or for six months if not so

specified. If recommended to be medically necessary, an initial course is prescribed. If functional improvement is shown, additional therapy may be prescribed, sequentially, up to the end of the postsurgical period. In this case, the injured worker has not undergone a procedure and the requested surgery has not been authorized. Therefore this request is not medically necessary.