

Case Number:	CM13-0069279		
Date Assigned:	01/03/2014	Date of Injury:	07/12/2013
Decision Date:	03/31/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/20/2013

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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 26 year old man with a date of injury of 7/12/13 with a motor vehicle accident resulting in multiple internal organs trauma, mild traumatic brain injury and orthopedic injuries including rib fracture, right distal radius fracture treated with external fixation and percutaneous pinning, femur fracture and left below knee amputation. He underwent extensive rehabilitation with discharge from occupational therapy on 9/20/13 at a modified independent level for all activities of daily living except minimal assist with showering. He was modified independent with light meal prep also. He had a follow up appointment with his orthopedic physician on 10/15/13. He was said to have made good improvement with external fixator removed on 9/4/13 but still with some stiffness and decreased grip strength in his right upper extremity. His wrist x-ray showed evidence of healing fracture and physical exam with supination and pronation to 80 with extension and flexion increasing to 30. He had no palpable discomfort and his grip strength was 4+/5. He was seen in his primary treating physician's office on 11/25/13 with complaints of a tender right wrist with 50% flexion. Hand therapy for increased range of motion and increased strength 12 visits was ordered and is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) visits of hand therapy for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, occupational therapy has already been used as a modality and a self-directed home program should be in place. He was at a modified independent with ADLs and had minimal reduction in grip strength. The records do not support the medical necessity for additional 12 hand therapy visits in this injured worker.