

Case Number:	CM14-0008901		
Date Assigned:	01/31/2014	Date of Injury:	01/13/2010
Decision Date:	07/03/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/23/2014

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 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 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 injured worker is a 57-year-old male who sustained an injury to his left hand on 01/13/10 when he slipped on some mud and fell onto his extended left arm. A occupational therapy progress note dated 08/09/13 marked the 22nd visit of this regimen. The records indicate that the patient's pain came back in 2011 and he underwent debridement surgery to the wrist. He now presents post ulnar shortening surgery of the second digit due to persistent wrist pain and positive ulnar variance. The patient stated he still feels like his left hand/wrist feels 50% of normal. Physical examination noted mature scar to the ulnar left wrist and distal forearm; left wrist range of motion 60 extension, flexion 60, radio deviation 25, ulnar deviation 30; left grip strength 75 PSI. The injured worker was recommended that he continue with electrical stimulation, paraffin bath and cryotherapy to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 1 X 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sprains and strains of elbow and forearm Page(s): 21.

Decision rationale: The request for occupational therapy one times a week times eight weeks is not medically necessary. The previous request was denied on the basis that the injured worker has completed at least 68 visits occupational therapy to date with minimal benefit. The documentation did not clearly outline objective functional deficits that would require additional supervised occupational therapy versus a home exercise program. The CAMTUS recommends up to 24 visits of 16 weeks for the diagnosed injury. Furthermore, there was no documentation of objective functional benefit received for the most recent occupational therapy. There is no additional significant objective clinical information that supports the need to exceed the CAMTUS recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for occupational therapy one times a week times eight weeks has not been established. Therefore, the request for eight (8) occupational therapy sessions for the left wrist is not medically necessary and appropriate.

OCCUPATIONAL THERAPY 2 X 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sprains and strains of elbow and forearm Page(s): 21.

Decision rationale: The request for occupational therapy two times a week times eight weeks is not medically necessary. The previous request was denied on the basis that the injured worker has completed at least 68 visits occupational therapy to date with minimal benefit. The documentation did not clearly outline objective functional deficits that would require additional supervised occupational therapy versus a home exercise program. The CAMTUS recommends up to 24 visits of 16 weeks for the diagnosed injury. Furthermore, there was no documentation of objective functional benefit received for the most recent occupational therapy. There is no additional significant objective clinical information that supports the need to exceed the CAMTUS recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for occupational therapy two times a week times 8 weeks has not been established. Therefore, the request for additional sixteen (16) occupational therapy sessions for the left wrist is not medically necessary and appropriate.