

Case Number:	CM14-0106001		
Date Assigned:	07/30/2014	Date of Injury:	04/10/2014
Decision Date:	11/18/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine & 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:

The injured worker is a 56 year old male with an original date of injury on 4/10/2014. The patient's industrially related diagnoses include right wrist bone fracture status post fall. MRI of the right wrist dated 5/4/2014 showed a non-displaced fracture at the distal pole of the scaphoid. The patient has had 10 sessions of occupational therapy so far. He was also treated with NSAIDs and a short arm thumb spica splint. The disputed issue is a request for occupational therapy to the right wrist/hand 3 days a week for 4 weeks (12 visits). A utilization review determination on 6/25/2014 had noncertified this request. The stated rationale for the denial was the Official Disability Guidelines recommend 8 visits of physical therapy as appropriate medical treatment for wrist bone fracture. Therefore, the request for 12 additional occupational therapy sessions to the right wrist is excessive. Instead, the utilization review recommended 2 additional sessions to address patient's remaining deficits and transition to home based exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy to the Right Wrist/Hand 3 Days a Week for 4 Weeks (12 Visits):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Physical therapy.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states on page 99 that formal physical therapy should be transitioned to self-directed home exercises. With regard to duration of occupational therapy for this injured worker's diagnoses, there are not clear guidelines found in the Chronic Pain Medical Treatment Guidelines. Therefore the ODG is referenced. Official Disability Guidelines specify the following regarding physical therapy of the forearm, wrist, and hand: "Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Also used after surgery and amputation. Early physical therapy, without immobilization, may be sufficient for some types of displaced fractures. It is unclear whether operative intervention, even for specific fracture types, will produce consistently better long-term outcomes. There was some evidence that 'immediate' physical therapy, without routine immobilization, compared with that delayed until after three weeks immobilization resulted in less pain and both faster and potentially better recovery in patients with displaced two-part fractures. Similarly, there was evidence that mobilization at one week instead of three weeks alleviated pain in the short term without compromising long-term outcome. During immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early occupational therapy, and of differences in outcome between supervised and unsupervised exercises. Post-immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention. There was weak evidence of a short-term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. There was weak evidence of better short-term hand function in patients given physical therapy than in those given instructions for home exercises by a surgeon. Hand function significantly improved in patients with rheumatoid arthritis after completion of a course of occupational therapy ($p < 0.05$). ODG Physical/Occupational Therapy Guidelines - Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Fracture of carpal bone (wrist) (ICD9 814): Medical treatment: 8 visit over 10 weeks Post-surgical treatment: 16 visits over 10 weeks fracture of metacarpal bone (hand) (ICD9 815): Medical treatment: 9 visits over 3 weeks. Post-surgical treatment: 16 visits over 10 weeks Fracture of one or more phalanges of hand (fingers) (ICD9 816): Minor, 8 visits over 5 weeks. Post-surgical treatment: Complicated, 16 visits over 10 weeks fracture of radius/ulna (forearm) (ICD9 813): Medical treatment: 16 visits over 8 weeks. The patient has had 10 sessions of occupational therapy thus far with some functional improvements. Therefore, according to the Official Disability Guidelines recommendation of 8 visits over 10 week period for wrist fractures, the patient has already had sufficient treatment for his condition. An additional 12 sessions of occupational therapy is not medically necessary.