MAXIMUS Federal Services

Case Number:	CM14-0134114		
Date Assigned:	08/25/2014	Date of Injury:	11/15/2012
Decision Date:	10/17/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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 and Rehabilitation, 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:

This is a 40 year old female with an 11/15/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/28/14 noted subjective complaints of right wrist pain . Objective findings included tenderness over the dorsal and volar wrist, with minimal active range of motion Diagnostic Impression: closed fracture of lower end of radius and ulna- right, pain in the wrist and forearm. Treatment to Date: medication management, home exercise, physical therapy A UR decision dated 8/6/14 denied the request for therapy (eval, re-eval, exercise) - OT 2 x 3. The claimant has attended what should have been a reasonable number of occupation therapy visits and had been doing home exercise program in the past. There is no clinical information that warrants the continuation of OT at this time. It also denied referral to MD for corticosteroid injection. It is not clear what the injection is for or what part of the extremity is to be injected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy (Eval, Re-Eval, Exercise) OT 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): page 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, with a 2012 original date of injury, it is unclear how many PT/OT sessions the patient has had before. There is no clear documentation of objective functional improvement from previous sessions. It is unclear how the patient would benefit from additional OT. Therefore, the request for therapy (Eval, Re-eval, Exercise) OT 2 x 3 was not medically necessary.

Referral to MD for corticosteroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) page 268-269

Decision rationale: CA MTUS states that injections are indicated in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks; or a symptomatic ganglion. In addition, ODG states that injections are indicated for Trigger finger and for de Quervain's tenosynovitis. However, there is no documentation of the above conditions such as nerve impingement, trigger finger, or de Quervain's tenosynovitis. The patient appears to have post-traumatic arthritis, which is not among the guideline conditions recommended for wrist steroid injections. Therefore, the request for referral to MD for corticosteroid injection was not medically necessary.