

Case Number:	CM14-0154019		
Date Assigned:	09/23/2014	Date of Injury:	06/16/2014
Decision Date:	11/14/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/22/2014

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, has a subspecialty in Pain 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 36-year-old male who sustained an injury on 6/16/14. As per 8/27/14 report, he presented with constant aching and swelling along the ulnar aspect of the right forearm, from the wrist to the elbow with occasional numbness and tingling of the fingers and difficulty with firm gripping and grasping. Examination revealed diffuse tenderness on both the dorsal and volar surfaces of his forearm. The grip strength was at 54-54-52 on the left; however, the grip strength on the right side was unable to be obtained. The neurovascular status was grossly intact including a static 2-point discrimination of 5 mm. He was taking Ibuprofen before but not taking any medications currently. The patient attended 2 sessions of physical therapy with no benefit noted and used a brace. The occupational therapy for the right forearm and wrist was requested for range of motion and modalities, mobilization and selective strengthening exercises once the discomfort level had decreased. Diagnoses include overuse syndrome right upper extremity and chronic right forearm strain/sprain. The request for Occupational Therapy 2xWeek x 6Weeks, to the Right Forearm and Wrist was denied on 9/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2x week x 6 weeks, to the right forearm and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand- Physical/ Occupational Therapy

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

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG allows 9 therapy visits over 8 weeks for hand/wrist pain and sprain/strain. In this case, the IW has already received two PT visits and the request for 12 therapy sessions would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.