

<b>Case Number:</b>	CM14-0160521		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Interventional Spine 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 patient is a 54 year old female with date of injury 1/16/14. The treating physician report dated 8/22/14 indicates that the patient presents for an orthopedic follow up that indicates the patient was treated surgically with open reduction internal fixation with a plate and screws on 1/29/14 for a left distal radius fracture. The physical examination findings reveal a well healed scar, decreased supination, radial deviation and dorsiflexion of the wrist. The current diagnosis is 813.42, distal radius fracture. The utilization review report dated 9/2/14 denied the request for Occupational therapy 12 sessions to the right wrist 2x6 based on the rationale that the patient had completed an unknown number of OT treatments and 18 visits were recommended on 3/24/14. The utilization review physician modified the request and approved 3 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 12 sessions to the right wrist, 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with chronic left arm pain and is 7 months status post left arm surgery. The request is for Occupational Therapy 12 sessions for right wrist. The treating physician report dated 8/22/14 did not document any prior occupational therapy treatments or the response to any post-surgical occupational therapy treatments. The utilization review physician stated that 18 visits had previously been authorized. The MTUS Post-Surgical Treatment Guidelines recommend 16 visits over 8 weeks with a maximum treatment time frame of 4 months. The MTUS guidelines for physical medicine/occupational therapy recommend 8-10 sessions for myalgia and neuritis type conditions. In this case the Post-Surgical guidelines do not apply and the current request is beyond the MTUS recommendation of 8-10 visits. While the patient may require further occupational therapy the current request is in excess of the guidelines. The treating physician failed to document prior treatment history and there is no new information to describe a new injury, diagnosis or need for care. The request is not medically necessary.