

Case Number:	CM14-0169237		
Date Assigned:	11/03/2014	Date of Injury:	06/24/2014
Decision Date:	12/08/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 has a date of injury of June 24, 2014. The patient is diagnosed with fracture of the carpal bone, head injury, lumbar sprain and shoulder sprain. The patient is a 30-year-old male who had a comminuted fracture of the right distal radius treated with open reduction and internal fixation (ORIF). He has finished a course of occupational therapy but still has stiffness in the right wrist. He also mentions pain in the right shoulder. On physical examination the distal radius scar is well-healed. There is significant stiffness of the wrist. Dorsiflexion and volar flexion are only 20. At issue is whether additional occupational therapy is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative occupational therapy (OT) 3 times a week for 3 weeks for the right wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Hand Pain Chapter.

Decision rationale: MTUS guidelines indicate that postoperative physical therapy treatment should consist of 16 visits over 10 weeks. The medical records documented the patient has received 12 postoperative physical therapy visits. The requested occupational therapy of 3 times a week for 3 weeks is in excess of the recommended total number of visits after risks surgery. Guidelines do not support an additional 9 visits of therapy. Therefore, additional occupational therapy is not medically necessary.