

Case Number:	CM14-0174403		
Date Assigned:	10/27/2014	Date of Injury:	04/01/2008
Decision Date:	12/12/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 61-year-old male with a 4/1/08 date of injury, when he sustained injuries to the left forearm due to repetitive standing and lifting. The patient underwent left ulnar surgery with grafting on 1/28/14. The reviewer's notes indicated that the patient was certified for 24 OT sessions on 3/1/14. The patient was seen on 6/11/14 for the follow up visit. The patient had no complaints of pain to his forearm and wrist. Exam findings revealed good flexion, extension and supination of the left wrist and limited pronation of the left forearm. The neurovascular examination was normal. The note stated that the patient has been doing therapy and had no complaints of pain with motion of his left wrist or his elbow. The diagnosis is left forearm status post ulna osteotomy with nonunion and removal of nonunion with placement of iliac crest bone graft. Treatment to date: left forearm surgery, T-bone growth stimulator, splint, work restrictions and medications. An adverse determination was received on 10/07/14 given that the patient exceeded the recommended number of OT sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, 12 sessions, left wrist: Upheld

Claims Administrator 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 (updated 08/08/14), Physical/Occupational Therapy, Sprains and Strains of Wrist and Hand

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

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. However the progress notes indicated that the patient was certified for 24 OT sessions, there is a lack of documentation indicating subjective and objective functional gains from the treatment. In addition, the number of accomplished sessions was not specified. The physical examination performed on 6/11/14 revealed good flexion, extension and supination of the left wrist and normal neurovascular examination. Lastly, there is no rationale with clearly specified goals with an additional OT sessions and given that the patient's surgery was over 10 months ago it is not clear, why the patient cannot transition into an independent home exercise program. Therefore, the request for Occupational Therapy, 12 sessions, left wrist was not medically necessary.