

Case Number:	CM14-0023148		
Date Assigned:	05/12/2014	Date of Injury:	08/12/2013
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational 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 applicant has filed a claim for wrist pain reportedly associated with an industrial injury of August 12, 2013. Thus far, the applicant had been treated with the following: Analgesic medications; reported diagnosis with a left scaphoid fracture; open reduction internal fixation of the same; 16 sessions of postoperative physical therapy; and work restrictions, per the claims administrator. In a utilization review report dated February 14, 2014, highly templated, the claims administrator denied a request for eight sessions of physical therapy. The claims administrator essentially stated that the applicant had had 16 sessions of postoperative physical therapy and that there was no information on file to justify additional treatment. The rationale was extremely difficult to follow, employed an outlined format, and seemingly provided little or no narrative commentary. The applicant's attorney subsequently appealed. In a progress note dated March 6, 2014, the applicant was described as not working as his employer was apparently unable to accommodate limitations. The applicant apparently had residual wrist stiffness with flexion and extension limited to 50 degrees. It was stated that the fracture had apparently healed radiographically. It was stated that the applicant needed additional therapy to improve his upper extremity strength and range of motion and that the applicant was unlikely to be able to self-rehabilitate and/or complete all of his recovery through the context of a regular work trial. The remainder of the file was surveyed. The applicant was initially on total temporary disability and was apparently splinted. The applicant apparently underwent the surgical fixation in question on August 22, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OCCUPATIONAL THERAPY /HAND THERAPY X8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY.

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

Decision rationale: Yes, the request for eight sessions of physical therapy is medically necessary, medically appropriate, and indicated here. The applicant was outside of the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following a carpal/wrist open reduction and internal fixation (ORIF) surgery in August 2013. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. The eight-session course of treatment proposed by the attending provider does conform to the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. The applicant does have residual hand stiffness and weakness noted on several recent progress notes, including latest of March 2014. Pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines further endorsed active therapy, active modalities, and hand therapy. It is further noted that the applicant has heavy physical job demands such as the injured workers. Additional therapy on the order of that proposed is indicated, for all the stated reasons. Therefore, the request is medically necessary.