

<b>Case Number:</b>	CM14-0043417		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Family 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:

This is a 44 year old female patient who sustained a work related injury on 9/2/13. Patient sustained the injury when she was attempting to stop a shoplifter; she struck by shoplifter and knocked through a glass door. The current diagnoses include left distal radius fracture, status post an open reduction internal fixation with Synthes DVR short, narrow, left volar wrist plate, and status post a left nascent distal radius malunion and hard ware removal on 2/13/2014. Per the OT note dated 9/8/14, patient has complaints of pain in the left wrist and finger at 3/10. Physical examination revealed limited improvement in ROM and strength flexion 50, extension 40, and decreased strength and limited increase in functional use of hand. The current medication lists include Lisinopril, Ibuprofen Colace, and Vitamins. The patient has had Four-view fluoroscopy that revealed intact hardware with good joint space visualization and a persistent dorsal bone fragment; X-ray examination of the left wrist on 8/20/14 that revealed a well healed distal radius fracture, and mild soft tissue edema. The patient's surgical history include open reduction internal fixation on 10/11/2013 with subsequent hard ware removal on 2/13/2014. The patient has received 10 OT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient initial Occupational hand therapy to left wrist and finger three (3) times a week for eight (8) weeks.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sprains and strains of the wrist and hand

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

**Decision rationale:** The guidelines cited below state, " allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine" The patient has received 10 OT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified OT sessions are more than recommended by the cited criteria. Per the OT note dated 9/8/14, physical examination revealed limited improvement in ROM and strength flexion 50, extension 40, and decreased strength and limited increase in functional use of hand. There was no evidence of ongoing significant progressive functional improvement from the previous OT visits that is documented in the records provided. Previous OT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Therefore, the request for Outpatient initial Occupational hand therapy to left wrist and finger three (3) times a week for eight (8) weeks is not medically necessary and appropriate.