

Case Number:	CM14-0079015		
Date Assigned:	07/18/2014	Date of Injury:	10/17/2012
Decision Date:	08/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/29/2014

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 & 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 55 year old with an injury date on 10/17/12. Patient complains of moderate constant right wrist pain that radiates up the forearm rated 7/10 per 2/26/14 report. Patient has slight right shoulder/neck pain, and is currently not taking medication other than Tylenol (6/day) per 2/26/14 report. Based on the 2/26/14 progress report provided by [REDACTED] the diagnoses are: 1. right scaphoid fracture 2. cervical sprain 3. right shoulder sprain Exam on 2/26/14 showed "right wrist has severely limited range of motion with flexion at 30/60, extension at 10/60, radial deviation at 10/30, and ulnar deviation at 10/30. Strength: at right wrist, 1/5 in extension and dorsiflexion. Negative Phalen and Tinel. Positive right Finkelstein's." [REDACTED] is requesting 12 additional sessions of post-operative occupational therapy for the right wrist twice a week for 6 weeks as an outpatient. The utilization review determination being challenged is dated 5/7/14 and modifies request to 4 sessions, claiming that patient already had 12 sessions but with no reference to any reports for documentation. [REDACTED] is the requesting provider, and he provided treatment reports from 12/19/13 to 5/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of post-operative occupational therapy for the right wrist, twice a week for six weeks, as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: This patient presents with right wrist pain, forearm pain and is s/p ORIF of right wrist scaphoid nonunion from 7/18/13. The physician has asked for 12 additional sessions of post-operative occupational therapy for the right wrist twice a week for 6 weeks as an outpatient on 2/26/14 "to improve range of motion and strength." The 7/23/13 report states patient is doing simple home exercises. The 8/29/13 report states patient is wearing a brace and is told not to do pull/push/grip/torque type activities. The 12/17/13 X-ray shows ulna is only half healed, and 1/19/14 X-ray shows clouding in ulnar side, telling of a delayed union. The 2/20/14 report shows patient has not yet begun occupational therapy. For a fracture of carpal bone MTUS post-surgical treatment guidelines recommend 16 visits over 10 weeks within 4 months of surgery. In this case, patient is 7 months removed from wrist surgery but has only been doing home exercises, apparently due to a slow healing process. Although patient is outside postoperative timeframe, patient has not yet had therapy and has continued functional deficits in the wrist. The requested 16 sessions of "additional" physical therapy (physician seems to call therapy "additional" as it is outside post-op timeframe) appears reasonable considering patient's delayed fracture healing. Recommendation is for authorization.