

Case Number:	CM14-0091855		
Date Assigned:	07/25/2014	Date of Injury:	10/03/2012
Decision Date:	12/05/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 36 year old employee with date of injury 10/03/2012. Medical records indicate the patient is undergoing treatment for sprain/strain of left wrist with left upper arm and shoulder pain. Subjective complaints include constant moderate to severe pain in the left wrist radiating to the left arm, shoulder and neck. Objective complaints include tenderness of the left shoulder and wrist. Noted trigger area over trapezius muscles. Treatment has consisted of PT, occupational therapy, light duty work, TENS unit and Norco. The utilization review determination was rendered on 6/17/14 recommending non-certification of Occupational therapy 2 x 4 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 x 4 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-278, Chronic Pain Treatment Guidelines Occupational Therapy and Physical Medicine Page(s): 74, 98-99, Postsurgical Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand

Decision rationale: MTUS and ODG state regarding wrist occupational therapy, "Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved." MTUS Postsurgical Treatment Guidelines additionally states, "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." And further specifies by procedure: TFCC injuries-debridement (arthroscopic): Postsurgical treatment: 10 visits over 10 weeks* Postsurgical physical medicine treatment period: 4 months. The patient underwent TFCC report on 1/9/2014 and has undergone 16 occupational therapy visits. Medical records indicate treatment in excess of both recommended number of therapy sessions (10) and the treatment period (4 months). The treating physician does not write any complication or special circumstance that would necessitate additional occupational therapy in excess of what has been already been performed. The treating physician has not provided medical documentation to explain why a home exercise program is not sufficient and why additional occupational therapy is needed at this time. As such, the request for occupational therapy to the left wrist 2x3 is not medically necessary.