

Case Number:	CM14-0097319		
Date Assigned:	07/28/2014	Date of Injury:	11/08/2013
Decision Date:	08/28/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/25/2014

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 and Rehabilitation 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 injured worker is a 28 year old male with date of injury 11/8/13, secondary to fall which led to right distal radius fracture, status post open reduction, internal fixation (ORIF), as well as carpal tunnel release on 11/9/13. He has been diagnosed with carpal tunnel syndrome and tendinitis, status post steroid injection into the palmaris longus tendon. The request for occupational therapy was previously modified to 4 additional weekly occupational therapy sessions. On 6/4/14, he was seen in follow-up, complaining of pain at dorsal ulnar over the 5th metacarpal and wrist, with difficulty touching his thumb as well as numbness in the middle and ring fingers, which is getting better. On exam, wrist flexion 90 degrees, extension 58/68 degrees, inter-thenar area with 40% light touch sensation. Diagnoses: distal radius fracture, carpal tunnel syndrome and enthesopathy of wrist and carpus. Plan: occupational therapy at least two sessions and return to full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy x 12 Visits for Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. CA MTUS - Physical Medicine guidelines allow 16 visits over 8 weeks with fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home. In this case, the injured worker has received unspecified total number of treatments (at least 16 visits). There is no evidence of re-injury, new symptoms or additional surgical interventions. As such the request will exceed the recommended number of occupational therapy visits. Furthermore, he is noted to have functional range of motion. The injured worker should have been transitioned to home exercise program by now. Therefore, the request for additional occupational visits is not medically necessary and is not medically necessary and appropriate.