

<b>Case Number:</b>	CM14-0056142		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Rehab, 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 55year old female with an injury date on 01/15/2014. Based on the 03/24/2014 progress report provided by the treating physician, the diagnoses are:1. Healed fracture of the left distal radius.2. Marked ankylosis of all joints of the left hand and wrist.3. Marked periarticular osteoporosis. 4. Acute activation of dormant systemic arthropathy.According to this report, the patient complains of "swelling and pain in the left hand and fingers" and is status post of the left distal radius on 01/17/2014. The patient "has pain in her left shoulder and she has been unable to lift her arm above shoulder level since the injury." Physical exam reveal minimal tenderness at the left wrist and finger. Pain and stiffness are noted with range of motion, grasp, push off and pinch. There is moderately and diffusely weakness in the Abduction and Adduction of the fingers. Moderate swelling and severe tightness are noted at the radial dorsal wrist.The treatment plan is to request for Occupational Therapy with dynamic splinting, anti-inflammatory drugs and osteoporosis treatment, rheumatology consultant, and 80 mgm of steroid IM, and return for a follow-up visit in 2 weeks. The patient's work status is "continue with one handed work and will have limited use of the left hand for 3 months." The utilization review denied the request for Occupational Therapy 2x8 for the left hand and partially certified the Rheumatology Consult on 04/07/2014 based on the ACOEM/MTUS guidelines. The requesting physician provided treatment reports from 02/24/20147 to 03/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2x8, left hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, & Hand (MTUS post-surgical) Page(s): 18-20.

**Decision rationale:** According to the 03/24/2014 report, this patient presents with "swelling and pain in the left hand and fingers" and is status post of the left distal radius on 01/17/2014. The current request is for Occupational Therapy 2x8, left hand. Regarding post-op fracture of the radius/ulna (forearm) therapy treatments, MTUS guidelines recommend 16 visits over 8 weeks with time frame for treatment of 4 months. The Utilization Review denial letter states the patient "has had 16 sessions of post-op PT" with very limited evidence of objective and functional improvements from the previous physical therapy visits. In reviewing of the provided reports, the patient had completed Occupational therapy from 2/11/2014 to 02/24/2014 with unreported number of visits and was released to work with modified duty. Then on 02/24/2014 the patient was sent back to therapy, and continues to attend therapy and her last visit was on 3/18/2014. The current request for an additional 16 sessions of Occupational therapy exceeds the MTUS recommendation of 16 visits. There is no rationale provided to indicate why the patient has not been transitioned to a home exercise program and there is no report of a new injury, new surgery or new diagnosis that could substantiate the current request. The current request is not medically necessary.

**Rheumatology Consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** According to the 03/24/2014 report, this patient presents with "swelling and pain in the left hand and fingers" and is status post of the left distal radius on 01/17/2014. The current request is for Rheumatology Consult. The Utilization Review partially certified the request to "Rheumatology Consult x 1 office visit." The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, "the patient has severe stiffness of all joints of the left hand and wrist with x-ray findings of severe osteoporosis and probable rheumatoid arthritis." The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise is required. The current request is medically necessary.

