MAXIMUS Federal Services

Case Number:	CM15-0001168		
Date Assigned:	01/12/2015	Date of Injury:	09/01/2011
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 53- year old female, who sustained an industrial injury on September 1, 2011. She has reported an injury to the right wrist. Treatment to date had included medication management, surgical intervention and physical therapy. Currently, the IW complains of right wrist soreness. The worker has been wearing a right dynamic wrist splint but this creates numbness. There was also continued popping in the distal ulna. Physical exam was remarkable for mild to moderate swelling of the dorsal-ulnar aspect of the right wrist, slight tenderness at the lunotriquetral interval and mild tenderness along the sixth dorsal compartment, range of motion was reduced in the right wrist and full in the digits of the right hand. On December 18, 2014, the Utilization Review decision non-certified a request for twelve-occupational therapy visits to the right wrist. The request was modified to approve only eight visits, noting the guidelines indicate that Post-Surgical treatment allows for 24 visits over eight weeks. This worker was status post lunotriquetral arthrodesis of the right wrist on June 20, 2014, the patient had 16 previous physical and occupation therapy visits as for November 24, 2014, therefore certification of eight visits was recommended by the guidelines. The MTUS Chronic Pain Medical Treatment Guidelines was cited. Current plan was to refill all medications and continuation of physical therapy for three times per week for four weeks. Therapy was to increase strength, documentation referenced the need for indefinite therapy, and there were no plans to reduce the time and frequency of the therapy. Current diagnoses included status-post lunotriquetral arthrodesis with significant weakness secondary to a lapse in therapy and probable ECU

subluxation of the right wrist that was symptomatic. On December 29, 2014, the injured worker submitted an application for IMR for review of occupational therapy visits to the right wrist. The request was for 12 visits, three times per week for four weeks and only eight visits were approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 3 Times A Week for 4 Weeks to The Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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 Forearm, Wrist, & Hand, Physical Therapy

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: arthoplasty/fusion 24 visits over 8 weeks. The patient had 16 previous PT/OT visits. The request is for a total of 12 additional visits which is in excess of guideline recommendations. As such, the request for Occupational Therapy 3 Times A Week for 4 Weeks to The Right Wrist is not medically necessary.