

Case Number:	CM15-0002607		
Date Assigned:	01/13/2015	Date of Injury:	07/09/2014
Decision Date:	03/16/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female who reported injury on 07/09/2014. The mechanism of injury was not provided. The injured worker underwent an open reduction internal fixation of the complex comminuted right distal radius fracture and carpal bone fractures involving the scaphoid and lunate with a scaphulolunate ligament tear on 07/09/2014. The injured worker was noted to undergo 12 physical therapy and 8 occupational therapy visits. The injured worker was noted to have continuing therapy with static progressive splinting which was in progress. The hand status therapy dated 12/11/2014 revealed the injured worker was tolerating light level material handling. The treatment continuation was noted to be 2 times 3 for range of motion, strength and functional conditioning. The injured worker's maximum lift was noted to be 25 pounds. The wrist was noted to show improved range of motion. The request for authorization submitted for review dated 12/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2x3 Right Hand/Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Postsurgical Treatment Guidelines recommend 16 visits of postsurgical treatment for a fracture of the radius/ulna. The postsurgical physical medicine treatment is 4 months. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy and occupational therapy. There was a lack of documentation indicating the specific quantity as it was indicated the injured worker was continuing to undergo therapy. Occupational therapy and physical therapy are viewed as the same modality. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating remaining objective functional deficits. Given the above, the request for Occupational Therapy 2x3 Right Hand/Wrist is not medically necessary.