

Case Number:	CM15-0003582		
Date Assigned:	01/14/2015	Date of Injury:	05/31/2014
Decision Date:	03/09/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43 year old male, who sustained an industrial injury on May 31, 2014. He has reported an injury to his left wrist and forearm. The diagnoses have included displaced ulnar fracture and comminuted impacted displaced left radius fracture. Treatment to date has included left wrist reconstructive surgery on 06/10/2014 and 08/05/2014, left wrist hardware removal 10/07/2014, hand rehabilitation, physical therapy and pain management. Currently, the injured worker complains of constant wrist pain. The injured worker reported that his wrist pain has improved and rated the pain a 5 on a 10-point scale. On examination the injured worker exhibited improved forearm rotation and wrist range of motion. The evaluating physician recommended that the injured worker continue his therapy. Documentation from a hand rehabilitation session reveals that the injured worker was issued a home exercise program for hand strengthening on September 9, 2014. He reported that he is using his hand more at home and had increased all of the exercises. On December 29, 2014 Utilization Review non-certified a request for eighteen sessions of occupational therapy for the left wrist noting that because the injured worker had received a detailed home exercise program and a home STAT-A-DYNE unit, it was reasonable for the injured worker to continued active therapies at home. The MTUS was cited. On January 7, 2015, the injured worker submitted an application for IMR for review of eighteen sessions of occupational therapy for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy left wrist 3 x 6 (18): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: The injured worker sustained a work related injury on May 31, 2014. The medical records provided indicate the diagnosis of displaced ulnar fracture and comminuted impacted displaced left radius fracture. Treatment to date has included left wrist reconstructive surgery on 06/10/2014 and 08/05/2014, left wrist hardware removal 10/07/2014, hand rehabilitation, physical therapy and pain management. The medical records provided for review do not indicate a medical necessity for Occupational therapy left wrist 3 x 6 (18). The records indicate the injured worker was approved 24 visits, he has completed 17 visits and has 7 outstanding. the MTUS recommends 16 visits over 8 weeks of Post-surgical treatment for Fracture of radius/ulna (forearm) within a post-surgical physical medicine treatment period of 4 months. Therefore, the requested treatment is not medically necessary and appropriate.