

Case Number:	CM15-0130937		
Date Assigned:	07/17/2015	Date of Injury:	09/01/2011
Decision Date:	08/13/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old woman sustained an industrial injury on 9/1/2011. The mechanism of injury is not detailed. Diagnoses include status post lunotriquetral arthrodesis of the right wrist with residuals. Treatment has included oral medications and occupational therapy. Physician notes from the hand specialist dated 6/16/2015 show complaints of clicking and swelling of the right wrist. Recommendations include continue occupational therapy, Ibuprofen, Tramadol, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 6 weeks for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The claimant sustained a work-related injury in September 2011 and underwent a right wrist arthrodesis and subsequent pin removal in September 2014. Post-

operative occupational therapy treatments have included 48 sessions. When seen, she was slowly improving. She was having occasional wrist clicking and swelling. There was mild tenderness with full range of motion and no instability. Additional occupational therapy was requested. Guidelines recommend up to 24 visits over 8 weeks following the surgery that was performed. In this case, the claimant has already had twice the number of recommended treatments. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.