

Case Number:	CM15-0134536		
Date Assigned:	07/22/2015	Date of Injury:	03/07/2014
Decision Date:	08/18/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/13/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 28-year-old male who sustained an industrial injury on 03/07/14. He reported left arm pain. The injured worker was diagnosed with having a mid shaft comminuted left distal radius and ulnar fracture. Initial diagnoses are not available. Current diagnoses include fracture of shaft of radius with ulna, closed; he is status post left forearm radius and ulna fracture open reduction internal fixation. Diagnostic testing and treatment to date has included radiographic imaging, left forearm surgery, physical therapy, and pain medication management. He could not tolerate morphine sulfate and he does not want to be on buprenorphine. In a progress note dated 04/27/15, the injured worker complains of chronic left arm pain rated as a 6 on a 10 point pain scale, and any kind of repetitive gripping, grasping, or heavy lifting aggravates his pain; he has been having intermittent muscle spasms. He has better range of motion after physical therapy. Physical examination of the left wrist is remarkable for tenderness to palpation over the ulnar side of his left forearm into the left wrist; range of motion is decreased. Current plan of care includes avoidance of short-acting medications, and continuation of physical therapy. Requested treatments include occupational therapy 1 time a week for 6 weeks-left forearm and/or hand. The injured worker is under work restrictions. Date of Utilization Review: 06/15/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, once a week for 6 weeks, left forearm and/or hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)" The patient underwent 12 sessions of physical therapy and it was noted improvement in function. There is no documentation as to why the patient cannot switch to a home exercise program. In addition, the request of 6 additional occupational therapy visits will exceed the guidelines recommendation. Therefore, the request for 6 occupational therapy sessions for the left forearm and/or hand is not medically necessary.