

Case Number:	CM15-0138033		
Date Assigned:	07/27/2015	Date of Injury:	05/31/2014
Decision Date:	08/26/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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

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:

The injured worker is a 43 year old male, who sustained an industrial injury on 5/31/14. He has reported initial complaints of left wrist injury after a fall. The diagnoses have included left wrist post reconstruction and internal device complicated left hand. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, occupational/physical therapy, H-wave, Transcutaneous electrical nerve stimulation (TENS), and electrical stimulation. Currently, as per the physician progress note dated 6/17/15, the injured worker complains of left wrist pain rated 3/10 on pain scale that gets worse with use. It is noted that he wants to go back to work and is now able to do pushups on his fists. He is requesting therapy prescription renewal. The diagnostic testing that was performed included computerized axial tomography (CT scan) of the left upper extremity. The objective findings reveal that the left wrist has full forearm rotation and also there is improved range of motion with flexion and extension. The current medications were not listed. The previous therapy sessions were noted in the records. The physician requested treatment included Continue Occupational therapy 2 x a week for 6 weeks for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Occupational therapy 2 x a week for 6 weeks for the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 18-21.

Decision rationale: Regarding the request for additional occupational therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the most recent wrist surgery performed was an osteophyte removal, and the MTUS does not have specific guidelines regarding this. Instead, judgment is made based upon general physical medicine guidelines which state that continuation of formal physical therapy is based upon functional outcome. The guidelines do recommend transitioning to self-directed home exercises. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the number of therapy sessions attended by the patient to date has been at least 18 in the recent past. In light of the above issues, the currently requested additional therapy is not medically necessary.