

Case Number:	CM15-0141532		
Date Assigned:	07/31/2015	Date of Injury:	07/10/2014
Decision Date:	09/08/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 33 year old male with an industrial injury dated 07-10-2014. The injury is documented as occurring while he was attempting to pull a patient up in his bed with another coworker, resulting in discomfort involving his right wrist. His diagnosis was right wrist chronic injury. Prior treatment included modified duty, home exercise program and diagnostics. He presents on 06-09-2015 stating he feels better since working but at end of the day he has heaviness of wrist. Right wrist was mildly tender at metacarpal joint with good range of motion. Treatment plan included trial use of H wave and occupational therapy. The treatment request is for 12 sessions of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of occupational therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions occupational therapy are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is right wrist chronic SL injury. The date of injury is July 10, 2014. Request authorization is June 11, 2015. According to a June 9, 2015 progress note, the injured worker's wrist is feeling better since working. There is heaviness in the wrist region at the end of the day. Objectively, there is minimal tenderness overlying the right carpal bone with good range of motion. Treating provider is recommending occupational therapy. There has been no occupational or physical therapy to date. The treating provider is requesting 12 sessions of occupational therapy. The guidelines recommend a six visit clinical trial. Consequently, absent compelling clinical documentation to support a 12 session occupational therapy trial, a six visit clinical trials clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guideline and a request for 12 sessions of occupational therapy, 12 sessions occupational therapy is not medically necessary.