

Case Number:	CM15-0141832		
Date Assigned:	07/31/2015	Date of Injury:	04/03/2015
Decision Date:	08/28/2015	UR Denial Date:	07/14/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male who sustained a work related injury April 3, 2015. While working as a painter he fell 10-12 feet from an extension ladder, injuring his right wrist, a minor lumbar fracture and broke a few teeth. Past history included hypertension. On April 27, 2015, a right short arm fiberglass cast was applied for the right distal radius commuted intra-articular fracture. Physical therapy to begin in three weeks after the cast is removed. According to a primary treating physician's progress report, dated July 2, 2015, finds the injured worker complaining of limited flexion and right wrist pain with motion. Physical examination revealed; right wrist extension 45 degrees, flexion 40 degrees, supination 60 degrees, pronation 70 degrees, and excellent finger flexion and extension. There is tenderness in the dorsal aspect of the wrist, trace right wrist swelling, and no dystrophic changes. X-ray of the right wrist revealed a healed distal radius intra-articular fracture with mild articular surface irregularity at the scaphoid facet area. Diagnosis is documented as healed distal radius commuted intra-articular fracture. Treatment plan included weaning from the right wrist splint, over the counter medication, and at issue, a request for authorization for occupational therapy 2 x 6 for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy (OT) 2x6-12 for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical/Occupational Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow & Upper Arm, pages 6-7, Fracture of radius/ulna (ICD9 813): Postsurgical treatment: 16 visits over 8 weeks, Postsurgical physical medicine treatment period: 4 months.

Decision rationale: The patient is s/p distal radial fracture from a fall off a ladder with treatment to include application of fiberglass cast. X-rays post removal of cast revealed healed distal radius intra-articular fracture with treatment plan for wrist splint, over-the-counter medication, and OT of 12 additional sessions. Review noted the patient has been authorized for 12 visits with 10 already completed. Guidelines allow for up to 16 visits during the post-surgical treatment; however, no surgery was rendered with conservative approach of casting without co-morbidities or extenuating circumstance to render an additional 12 visits. Submitted reports have not demonstrated indication to support for the additional sessions outside guidelines recommendation. The Occupational Therapy (OT) 2x6-12 for the right wrist is not medically necessary and appropriate.