

Case Number:	CM15-0143199		
Date Assigned:	08/04/2015	Date of Injury:	11/18/2014
Decision Date:	09/01/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/23/2015

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:

This is a 24 year old female with a November 18, 2014 date of injury. A progress note dated April 17, 2015 documents subjective complaints (marked increase in pain in the wrist for three days then marked improvement; some right ulnar wrist pain if used excessively and still occasionally grinds; pain now characterized as minimal), objective findings (no tenderness with ulnar wrist deviation, pronation, and supination; slightest tenderness with pressure on the ulnar carpal space), and current diagnoses (right ulnar wrist pain secondary to post traumatic triangular fibrocartilage tear with two millimeter ulnar positive variance; resolving wrist stiffness with therapy). Treatments to date have included hand therapy, wrist bracing, imaging studies, and medications. The treating physician requested authorization for six sessions of occupational therapy 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 6 treatments, (right wrist): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

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, occupational therapy 6 treatments to the right wrist is 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 therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are wrist sprain; and contusion unspecified site. Date of injury is November 18, 2014. The requests authorization is June 22, 2015. The most recent progress note by the requesting provider (for additional occupational therapy) is dated January 28, 2015. There is no contemporaneous documentation in the medical record on or about the date of request for authorization (June 22, 2015). The most recent progress note by any treating provider is April 21, 2015 (orthopedic hand surgeon). The documentation indicates the injured worker received prior physical therapy with significant functional improvement. However, there is no contemporaneous clinical documentation indicating whether additional occupational therapy is, in fact, require there are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is indicated. The total number of physical therapy sessions is not specified medical record. Consequently, absent contemporaneous clinical documentation on or about the date of request for authorization (June 22, 2015) and compelling clinical documentation indicating additional physical therapy is warranted, occupational therapy 6 treatments to the right wrist is not medically necessary.