

Case Number:	CM15-0166907		
Date Assigned:	09/04/2015	Date of Injury:	03/16/2015
Decision Date:	10/06/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/25/2015

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: Family Practice

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 63 year old female, who sustained an industrial injury on March 16, 2015, incurring injuries to the right wrist and hand after a fall. She was diagnosed with a right distal radius fracture. Treatment included occupational therapy, physical therapy, paraffin wax treatments, heat, home exercise program, and activity restrictions. Currently, the injured worker complained of ongoing persistent pain, swelling and weakness of the right hand and wrist. She noted pain in the right arm and skin discoloration. She had limited range of motion of the hand and fingers and right wrist. The treatment plan that was requested for authorization included Occupational therapy for the right wrist and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times weekly for 4 weeks for the right wrist/hand per 06/26/15 order Qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hand Section: Physical/Occupational Therapy.

Decision rationale: The Official Disability Guidelines comment on the use of occupational therapy for hand/wrist conditions. When occupational therapy is used there should be a fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home exercise program. The records indicate that the patient experienced a fracture of the radius/ulna. For this condition, the Official Disability Guidelines state the following: Fracture of radius/ulna (forearm) (ICD9 813): Medical treatment: 16 visits over 8 weeks. Post-surgical treatment: 16 visits over 8 weeks. The records also indicate that the patient has already received approval for the maximum number of occupational therapy sessions (16 sessions). At this point, it would be expected that the patient should be engaged in a self-directed home exercise program. There is insufficient documentation in the medical records to indicate why the patient is unable to do so. For these reasons, addition occupational therapy 2 times weeks for 4 weeks for the right wrist/hand (#8 sessions) is not medically necessary.