

Case Number:	CM15-0191324		
Date Assigned:	10/05/2015	Date of Injury:	10/13/2014
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49 year old female who sustained an industrial injury on 10-13-2014. A review of medical records indicates the injured worker is being treated for distal radius fracture, RSD, and arthrofibrosis. Medical records dated 8-12-2015 noted pain and stiffness in her right wrist. She has completed rehabilitation with improvement but still is having difficulty with small manipulative activities. Physical examination noted hand wounds were well healed. No sign of infection. Treatment has included medication, modified work duty, and physical therapy. Utilization review form dated 9-8-2015 noncertified additional 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:

Additional occupational therapy, twice weekly for 6 weeks, right wrist, per 08/31/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Additional occupational therapy, twice weekly for 6 weeks, right wrist, per 08/31/2015 order is not medically necessary per the MTUS Guidelines. The documentation indicates that as of 4/16/15 the patient has completed 20 OT visits for the wrist. The documentation dated 8/12/15 states that the patient has completed 7 more rehabilitation visits and also reports that she received approval for more PT/OT hand therapy (amount not specified.) The documentation is not clear on exactly how many therapy sessions the patient has had to date but it appears that she is participating in a home exercise program and the MTUS recommends up to 10 visits for myalgia and neuritis and up to 24 for RSD (CRPS) with a transition to a home exercise program. The documentation does not reveal extenuating circumstances which would necessitate 12 more supervised therapy sessions for the right wrist therefore this request is not medically necessary.