MAXIMUS Federal Services

Case Number:	CM15-0196925		
Date Assigned:	10/12/2015	Date of Injury:	04/07/2015
Decision Date:	11/19/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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: Emergency 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 57 year old female who sustained a work-related injury on 4-7-15. Medical record documentation revealed the injured worker was being treated for left distal ulnar fracture. On 8-21-15 the injured worker complained of mild intermittent dull pain in the left hand and wrist with increased use of the computer. She had a loss of distal interphalangeal joint range of motion of all fingers in the left hand by 50-60% and her wrist extension and flexion had a decreased range of motion by 30% compared to normal. Elbow had 15 degrees of flexion contracture versus extension stiffness. She had functional weakness, which was related to the severe range of motion deficit. Medical records indicated that as of 9-11-15 the injured worker had completed 17 physical therapy sessions and some occupational therapy sessions. Her main issue as of 8-21-15 was stiffness in the elbow, wrists, hand joints and early contractures of the distal interphalangeal joint. Occupational therapy progress was slowing and she was unable to progress to full duty due to weakness and stiffness. The documentation indicated the injured worker's current complaints included decreased stiffness and being about to do more. Typing was still a problem for her and she wanted to try to use a laptop at work. She reported no pain and mild improved stiffness since her previous visits. There was no physical examination performed during the evaluation. The evaluating physician noted that since her last visit the injured worker reported feeling better and had decreased pain at the terminal range of motion of the left wrist and hand. On 9-29-15, the Utilization Review physician determined four sessions of occupational therapy was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 4 sessions (1x4): Upheld

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

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

Decision rationale: The requested Occupational therapy 4 sessions (1x4) is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has stiffness in the elbow, wrists, hand joints and early contractures of the distal interphalangeal joint. Occupational therapy progress was slowing and she was unable to progress to full duty due to weakness and stiffness. The documentation indicated the injured worker's current complaints included decreased stiffness and being about to do more. Typing was still a problem for her and she wanted to try to use a laptop at work. She reported no pain and mild improved stiffness since her previous visits. There was no physical examination performed during the evaluation. The evaluating physician noted that since her last visit the injured worker reported feeling better and had decreased pain at the terminal range of motion of the left wrist and hand. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Occupational therapy 4 sessions (1x4) is not medically necessary.