

Case Number:	CM15-0201091		
Date Assigned:	10/16/2015	Date of Injury:	11/14/2013
Decision Date:	11/24/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/13/2015

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 53 year old male, who sustained an industrial injury on 11-14-2013. A review of the medical records indicates that the worker is undergoing treatment for low back, wrist and ankle pain. Subjective complaints (07-27-2015) included low back, right wrist and right ankle pain. The physician noted that the injured worker had undergone 5 sessions of physical therapy and that low back was improved with one more session to go. The injured worker was also noted to have had 4 sessions of hand therapy and had found them helpful. Objective findings (07-27-2015) showed some spasm and tenderness of the proximal wrist extensors and mildly reduced grip strength on the right compared to the left. The physician noted that an occupational therapy report from 7-7-2015 was reviewed and that the injured worker was making progress and "they are recommending another 12 visits." Subjective complaints (08-24-2015) included low back, right wrist and right ankle pain. The physician indicated that the worker did receive authorization for further hand therapy and had started going to those sessions. The physician also noted that the injured worker had completed authorized physical therapy and wanted more sessions. Objective findings (08-24-2015) included good grip strength bilaterally and the worker was noted to be in no acute distress. Treatment has included Ibuprofen, splinting, occupational hand therapy and 8 physical therapy sessions. The physician indicated that the worker would continue occupational therapy sessions as authorized and that authorization would be requested for further physical therapy. Occupational therapy notes were submitted and indicate that the injured worker had decreased pain with therapy and that the injured worker was able to engage in work duty short time with improved grip strength. A utilization review dated 10-06-2015 non-certified a request for occupational therapy, right wrist, 1 time weekly for 4 weeks, 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, right wrist, 1 time weekly for 4 weeks, 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Occupational therapy, right wrist, 1 time weekly for 4 weeks, 4 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation indicates that the patient was authorized 9 visits of therapy already. The documentation does not reveal that in addition to the 9 already authorized visits that the patient had significant deficits that required 4 more supervised therapy visits. The MTUS supports a transition to an independent home exercise program therefore this request is not medically necessary.