

Case Number:	CM15-0035396		
Date Assigned:	03/03/2015	Date of Injury:	09/10/2014
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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: Physical Medicine & Rehabilitation

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 56-year-old female, who sustained an industrial injury on 9/10/14. On 2/25/15, the injured worker submitted an application for IMR for review of Additional occupational therapy, 1-2 times a week for 12 weeks (quantity: 24) to left wrist. The treating provider has reported the injured worker complained of left wrist pain subsiding and improving range of motion slowly with physical therapy, but still cannot make a fist. The diagnoses have included fractured radius left wrist. Treatment to date has included Open reduction internal fixation (ORIF) (9/11/14); physical therapy (x73); medications. On 2/11/15 Utilization Review non-certified Additional occupational therapy, 1-2 times a week for 12 weeks (quantity: 24) to left wrist. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy, 1-2 times a week for 12 weeks (quantity: 24) to left wrist:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Based on the 01/21/15 progress report provided by treating physician, the patient presents with wrist pain. The request is for additional occupational therapy 1-2x/week for 12 weeks #241 wrist. The patient is status post open reduction internal fixation, ORIF on 09/11/14. Patient's diagnosis per Request for Authorization form faxed on 02/05/15 includes fracture of radius. Patient's medications include Famotidine, Nexium, and Xanax. Patient's work status is not available. MTUS page 98-99 states under Post-Surgical Treatment Guidelines for Elbow & Upper Arm: "Fracture of radius/ulna (ICD9 813): Postsurgical treatment: 16 visits over 8 weeks "Postsurgical physical medicine treatment period: 4 months." MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." The patient's wrist surgery is dated 09/11/14. The RFA has been faxed on 02/05/15, and the UR date is 02/11/15, thereby the patient is no longer within the 4-month postoperative treatment period. Occupational therapy notes from 11/03/14 to 01/28/15 were provided. Per occupational therapist note dated 01/28/15, the patient has attended 24 sessions to date. Treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 12 to 24 additional sessions would exceed what is allowed by MTUS. Therefore, the request is not medically necessary.