

Case Number:	CM15-0036020		
Date Assigned:	03/04/2015	Date of Injury:	10/07/2014
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
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: New York, West Virginia, Pennsylvania
 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:

The injured worker is a 31 year old male with an industrial injury dated October 7, 2014. The injured worker diagnoses include status post closed fracture of the distal end of the right radius, right shoulder sprain, right knee medial collateral ligament sprain, right knee torn medial meniscus, and right ankle sprain. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 1/8/2015, the injured worker reported improvement in range of motion, but increased numbness and tingling after the completion of his physical therapy on his right wrist. Right hand and wrist exam revealed weak grip and diminished sensation in the median nerve distribution to light touch. The treating physician prescribed services for occupational therapy 2 times a week for 4 weeks (8 sessions) for the right wrist. Utilization Review determination on January 26, 2015 modified the request to occupational therapy 2 times a week for 2 weeks (4 sessions) for the right wrist, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 4 weeks (8 sessions) for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Guidelines state active therapy may be beneficial for restoring flexibility, strength, endurance, function, range of motion and alleviate pain. Guidelines allow for a facing of treatment frequency plus active self-directed home physical medicine. In this case, the patient has participated in an unknown number of occupational therapy sessions and documentation of functional improvement following the initial course was not provided. Without documentation of objective measurable improvement, the current request is not appropriate. Thus, the requested 2 x 4 occupational sessions are not medically appropriate and necessary.