

Case Number:	CM15-0059649		
Date Assigned:	04/06/2015	Date of Injury:	06/23/2014
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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: Preventive Medicine, Occupational 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 59 year old male, who sustained an industrial injury on 06/23/2014. He has reported injury to the left hand/wrist. The diagnoses have included left wrist fracture with post-traumatic stiffness; rule out rotator cuff tear left shoulder; and rule out internal derangement of the left elbow. Treatment to date has included medications and diagnostic studies. A progress note from the treating provider, dated 02/18/2015, documented a follow-up visit with the injured worker. At that visit the injured worker complained of left wrist pain which radiated to the left elbow, with numbness and tingling, weakness and stiffness; left shoulder pain that radiated to the neck; and limited range of motion. Objective findings included decreased left hand grip strength; left shoulder weakness with range of motion; and positive left shoulder impingement testing. The treatment plan has included the request for occupational therapy three times a week for six weeks for the left hand/wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 3 Times A Week for 6 Weeks Left Hand/Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46-9, Chronic Pain Treatment Guidelines Physical Medicine Page(s): Part 1 pg 15, 18; Part 2 pg 98-9.

Decision rationale: Occupational Therapy (OT) is an interventional therapy, focusing on identifying and eliminating environmental barriers at work and/or home leading to increased independence and participation in daily activities. It uses assessment and treatment to develop, recover, or maintain the daily living and work skills of people with a physical, mental, or cognitive disorder. To do this it focuses on adapting the environment, modifying the task, teaching the skill, and educating the client/family in order to increase participation in and performance of daily activities, particularly those that are meaningful to the client. The MTUS notes limited evidence for the effectiveness of OT after forearm, wrist and hand surgeries but recommends physical medicine (including OT) in the acute period following surgery for up to 4 weeks and recommends physical medicine therapies for myalgia and myositis for 9-10 visits over 8 weeks. The frequency of therapy should allow for fading of treatment frequency from 3 visits per week to 1 or less per week. This patient has myalgias and stiffness since fracturing his wrist. Occupational therapy is an optional physical medicine therapy for this condition. By the MTUS guidelines the necessity for use of OT has been established but the frequency and duration should be modified to correspond with the recommendations as noted above. Medical necessity for the frequency of occupational therapy requested has not been established. Therefore the request is not medically necessary.