

Case Number:	CM15-0089283		
Date Assigned:	05/15/2015	Date of Injury:	01/04/2015
Decision Date:	06/18/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/08/2015

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 61 year old female, who sustained an industrial injury on 1/4/15. She has reported initial complaints of slipping and falling and landing on both knees and injuring the right wrist and right shoulder. The diagnoses have included fall with history of fracture to right hand, injury to the left knee, injury to the right shoulder, carpal tunnel syndrome and cubital tunnel syndrome. Treatment to date has included medications, immobilization with cast, hand therapy, sling/splint, activity modifications, and conservative measures. Currently, as per the physician progress note dated 3/9/15, the injured worker complains of feeling worse since previous office visit with right wrist pain constant and rate 10/10 on pain scale. The pain radiates to the right shoulder and described as throbbing and stabbing pain. She reports swelling top all fingers in the right hand with numbness to the right thumb. The physical exam reveals right wrist residual swelling noted in the wrist and hand. The physician noted that she is very protective of her hand and does not allow any movement and therefore her movements are very guarded. The diagnostic testing that was performed included x-rays of the right wrist dated 1/5/15 that reveal un-displaced fracture of the distal radius with intraarticular extension. The X-ray of the right wrist on 1/14/15 with cast reveals good position of fracture. The x-rays of the right wrist dated 3/24/15 reveal no bone or joint abnormalities. The current medications included Tylenol #3 and Motrin. There are no previous therapy sessions noted in the records. The physician treatment plan was to discontinue sling and splint, wrist support, physical therapy and home exercise program (HEP). The physician requested treatment included Initial occupational therapy treatment 3 times a week for 4 weeks for the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial occupational therapy treatment 3 x 4 for right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post-surgical Forearm, Wrist, & Hand under Fracture of metacarpal bone (hand), Physical medicine Page(s): 18-20, 98-99.

Decision rationale: This patient present with right hand/wrist and right shoulder pain. The current request is for Initial occupational therapy treatment 3 times a week for 4 weeks for the right upper extremity. The request for authorization is dated 04/21/15. Treatment to date has included medications, immobilization with cast, hand therapy, sling/splint, and activity modifications. The patient remains off work. MTUS post-surgical guidelines, pages 18-20, Forearm, Wrist, & Hand under Fracture of metacarpal bone (hand) (ICD9 815): Postsurgical treatment: 16 visits over 10 weeks. Postsurgical physical medicine treatment period: 4 months. The patient had a non-displaced fracture that did not result in surgery; therefore non-postoperative MTUS guidelines was addressed. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has 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 are recommended." The Utilization review letter stated "the patient reportedly has already completed some physical and occupational therapy." There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. It appears that the patient has participated in some therapy in the past and the requested additional 12 sessions exceeds what is recommended by MTUS. This request IS NOT medically necessary.