

Case Number:	CM14-0009514		
Date Assigned:	02/21/2014	Date of Injury:	02/18/2013
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/23/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 76-year-old female who reported an injury on 02/18/2013. The mechanism of injury was not stated. Current diagnoses include bilateral shoulder rotator cuff impingement, bilateral wrist stiffness and chest/back spasms. The injured worker was evaluated on 11/26/2013. The injured worker reported persistent pain in the bilateral upper extremities. The injured worker was actively participating in occupational therapy. Physical examination revealed stiffness in the bilateral hands, the inability to complete a grip, well-healed incisions, 0 to 140 degrees of range of motion of the bilateral shoulders and a positive impingement sign. Treatment recommendations at that time included the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO:OCCUPATIONAL THERAPY X8; 12/17/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 18-21.

Decision rationale: As per the documentation submitted, the injured worker was status post open reduction and internal fixation of a distal radius fracture. The California MTUS Guidelines

state that the initial course of therapy means 1/2 of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a fracture of the radius or ulna includes 16 visits over 8 weeks. There is no specific body part listed in the current request. There was no documentation of the previous course of occupational therapy, with evidence of objective functional improvement. The injured worker had completed multiple occupational therapy sessions with only mild improvement. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.