

Case Number:	CM14-0117817		
Date Assigned:	08/06/2014	Date of Injury:	07/02/2013
Decision Date:	09/26/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This 34 year old patient had a date of injury on 7/2/2013. The mechanism of injury was lifting heavy furniture, hurting his wrist. In a progress noted dated 7/8/2014, subjective findings included decreasing pain and numbness to right hand. He notes no pain during day, but continued pain at night. He wakes 3-4 times each night due to pain. On a physical exam dated 7/8/2014, objective findings included pain in his right wrist which is decreasing. Diagnostic impression shows articular cartilage disorder of forearm, pain in joint of forearm, and sprain of wrist, unspecified site, right wrist mild carpal tunnel syndrome. Treatment to date: medication therapy, behavioral modification, wrist surgery 12/16/2013. A UR decision dated 7/15/2014 denied the request for occupational therapy for the right wrist #8, stating that there have been 20 post op occupational therapy (OT) sessions approved to date now 7 months post op with little evidence of objective deficits and only reports of night pain. Furthermore, there was no discussion of home exercise program, and the symptoms are pain in wrist which is decreasing with no pain during the day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy for the right wrist #8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation http://www.dir.ca.gov/t8/9792_24_3.html American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. CA MTUS postsurgical treatment guidelines recommend 16 visits over 10 weeks for procedures involving dislocation of the wrist. On the 7/8/2014 progress report, there was documented functional improvement from these sessions, as the patient reports decreased pain in the right wrist, decreasing pain and numbness right hand, no pain during day; however, there was no discussion regarding a transition to a home exercise program. Furthermore, in the reports viewed, the patient has already exceeded the maximum recommended number of sessions of 16 visits, having completed 20 occupational therapy sessions within the last 7 months. Therefore, the request for occupational therapy for the right wrist #8 was not medically necessary