

Case Number:	CM15-0011708		
Date Assigned:	01/29/2015	Date of Injury:	09/10/2013
Decision Date:	03/18/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/20/2015

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 50 year old male, who sustained an industrial injury on September 10, 2013. He has reported blunt trauma, crushing injury of the left hand, wrist, and forearm. The diagnoses have included left distal radius complex fracture, left ulnar neuropathy, left median nerve neuropathy, left finger laceration. Treatment to date has included left wrist arthroscopy, extensor tenolysis, open reduction internal fixation of distal radius styloid process, medications, radiological imaging, electrodiagnostic studies, activity modifications, occupational therapy, splinting, and a home exercise program. Currently, the IW complains of continued pain to the back side of the left wrist. He reports being unable to twist the left wrist and forearm. He demonstrates limited strength to the left arm, and can be seen dropping things from the left hand. He also reports numbness and tingling to the area with decreased ability to grasp/grip. Tinel test is positive at the wrist. There is a positive Flick sign. On January 6, 2015, Utilization Review non-certified occupational therapy, three times weekly for four weeks, for the left wrist, based on MTUS guidelines. On January 15, 2015, the injured worker submitted an application for IMR for review of occupational therapy, three times weekly for four weeks, for the left 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 per week for 4 weeks left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapy, pages 98-99.

Decision rationale: Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal OT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further therapy when prior treatment rendered has not resulted in any functional benefit. The Occupational therapy 3 times per week for 4 weeks left wrist is not medically necessary and appropriate.