

<b>Case Number:</b>	CM15-0015834		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	10/23/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 64 year old male, who sustained an industrial injury on 10/23/2014 as a result of an altercation. The diagnoses have included left wrist sprain/strain, chronic cervicgia, and left chest and thoracic region pain. Treatment to date has included chiropractic, activity modification, physical therapy, heat, ice, rest and medications. Currently, the IW complains of sharp and dull aching pain into the left wrist and ribs with radiation to the neck and back. Pain is rated as an average 7-8/10. Objective findings normal bilateral shoulder range of motion and normal painless thoracic motion. There is tenderness to palpation over the left wrist and left ribs. On 1/06/2015 Utilization Review modified a request for 12 sessions of occupational therapy (2x6) for the left wrist noting that the number of sessions requested exceeds guideline recommendations, and non-certified rib support for the thoracic spine, noting that prior treatment with a rib belt showed no improvement in symptoms. The MTUS was cited. On 1/27/2015, the injured worker submitted an application for IMR for review of 12 sessions of occupational therapy (2x6) for the left wrist and rib support for the thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of occupational therapy 2 times a week for 6 weeks for the left wrist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under Physical/ Occupational therapy

**Decision rationale:** Based on the 12/15/14 progress report provided by treating physician, the patient presents with left wrist pain. The request is for 12 SESSIONS OF OCCUPATIONAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE LEFT WRIST. Patient's diagnosis per Request for Authorization form dated 12/29/14 included internal derangement for the request for 12 sessions of occupational therapy for left wrist. Patient's medications include Tramadol and Nifedical. The patient is temporarily totally disabled, per treater report dated 12/15/14.ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under Physical/ Occupational therapy states: "ODG Physical/Occupational Therapy Guidelines Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. Dislocation of wrist (ICD9 833): Medical treatment: 9 visits over 8 weeks"MTUS, 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 over 4 weeks are recommended."Per progress report dated 12/30/14, treater states "We are going to refer the patient to physical therapy three times a week for two weeks for the wrist." Review of medical records do not show patient had physical therapy. Given the patient's diagnosis, occupational therapy would be reasonable. However, the request for 12 sessions exceeds what is allowed by guidelines for the patient's condition. Therefore, the request IS NOT medically necessary.

**Ribs support for the thoracic spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (Acute & Chronic) Chapter under Rib fracture

**Decision rationale:** Based on the 12/15/14 progress report provided by treating physician, the patient presents with left rib pain rated 7/10, associated with intermittent shortness of breath. The request is for RIBS SUPPORT FOR THE THORACIC SPINE. Patient's diagnosis per Request for Authorization form dated 12/29/14 included thoracalgia. Patient's diagnosis per Request for Authorization form dated 12/29/14 included internal derangement for the request for 12 sessions of occupational therapy for left wrist. Patient's medications include Tramadol and Nifedical. The patient is temporarily totally disabled, per treater report dated 12/15/14.ODG-TWC, Shoulder (Acute & Chronic) Chapter under Rib fracture treatment states: "Recommended Rib fracture treatment:- NSAIDs, rest and ice- Cough or take deep breaths once an hour- Lie on

injured side to allow deeper breaths- Rib belts or binders are not recommended- Recommend hospital admission for any patient with 3 or more rib fractures- ICU care for elderly patients with 6 or more rib fractures, which may indicate serious internal injuries, such as pneumothorax and pulmonary contusion- Surgery is not recommended."Treater has not provided reason for the request. Per progress report dated 12/30/14, treater states "the patient has possible left ribs fracture. We are going to repeat x-rays of the left rib series. We are going to refer the patient to physical therapy three times a week for two weeks for the wrist and acupuncture care three times a week for two weeks for the chest." UR letter dated 01/06/14 states "the claimant received a rib belt immediately after the injury, yet continues to remain symptomatic. This indicates inefficacy of the belt in providing symptomatic relief..." Furthermore, ODG does not support rib belts or binders for the treatment of rib fracture. Therefore, the request IS NOT medically necessary.