

Case Number:	CM15-0113058		
Date Assigned:	06/19/2015	Date of Injury:	07/08/2014
Decision Date:	07/20/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/11/2015

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 31 year old male with an industrial injury dated 07/08/2014. His diagnoses/impression was right forearm both-bone fracture with severe comminution. Prior treatment included surgery and occupational therapy, 60 visits (per request for authorization.) He presents on 05/06/2015 status post right forearm severely comminuted open fracture. He rates the pain as 3/10. The injured worker had been improving overall. Recent CT scan showed partial healing. Numbness and tingling of the first dorsal web space was stable. Physical examination of right upper extremity showed traumatic and surgical incisions were well healed. There was no appreciable soft tissue swelling. Sensation was decreased to the radial distribution of the hand but intact to ulnar and median nerve distribution of the hand. He was able to make a full composite fist and extend all digits. There was mild tenderness to palpation at the fracture site and soft tissue injury area. Treatment plan included occupational therapy advancing his weight bearing to 10 pounds as well as strengthening. The provider documented the goal would be to have him return as a handyman but he would need occupational therapy for strengthening. He was to return to clinic in six weeks for a recheck. The request is for occupational therapy evaluation and three times four.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy eval and 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter.

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

Decision rationale: Occupational therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified occupational 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 occupational 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 occupational therapy when prior treatment rendered has not resulted in any functional benefit. The Occupational therapy eval and 3 x 4 is not medically necessary and appropriate.