

Case Number:	CM15-0125806		
Date Assigned:	07/10/2015	Date of Injury:	09/06/2014
Decision Date:	08/10/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 58 year old female, who sustained an industrial injury on 9/6/14. She has reported initial complaints of a right wrist and arm injury after a fall. The diagnoses have included closed fracture of the ulna right wrist and carpal tunnel. Treatment to date has included medications, activity modifications, diagnostics, surgery, off of work, splinting, and other modalities. Currently, as per the orthopedic physician progress note dated 6/3/15, the injured worker complains of painful right wrist status post- surgery malunion of intra-articular distal radius fracture with volar plate fixation on 10/7/14. She reports that she is gaining good motion and strength but still feels weakness and difficulty with objects and some pain. The pain is rated 5/10 on pain scale. The physical exam of the right wrist reveals some weakness to grasp without significant discomfort. There is 60 degrees extension and 50 degrees of flexion. The diagnostic testing that was performed included x-rays of the right wrist. There is therapy sessions noted in the records. The physician requested treatment included Occupational therapy to the right wrist 2 times a week for 3 weeks for strengthening exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT right wrist 2 X 3: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (forearm, wrist & hand chapter).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17 and 12.

Decision rationale: OT right wrist 2 X 3 is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 16 visits for this condition. The documentation indicates that the patient has already exceeded this recommended number. The MTUS Post-Surgical Treatment Guidelines recommend a transition to an independent home exercise program. The documentation does not indicate extenuating circumstances which would necessitate 6 more supervised therapy visits therefore this request is not medically necessary.