

Case Number:	CM15-0179254		
Date Assigned:	09/21/2015	Date of Injury:	09/25/2014
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/11/2015

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: Pennsylvania, Ohio, 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 47 year old male who sustained an industrial injury on 9-25-14. In a progress report dated 8-27-15, the physician notes there is mild limited range of motion of his right wrist and mild diffuse swelling. He is no longer in a cast. He just started physical therapy (x1). Work status is modified work duty. In a physical therapy note dated 9-3-15, it is noted he had slow progress with clinical exercises. The date of onset is noted as approximately 9-2014. He had 1 visit but he stopped due to excessive pain. He saw his physician in April and surgery was scheduled for 5-7-15 and then immobilization (casting) for the next 3 months. He is 3 months status post right scapholunate ligament reconstruction via scapholunate axis method. It is noted he needs increased range of motion and strength in order to restore prior level of function. The wrist is stiff and there is poor tolerance for grip. Four incisions are present. It is noted he is highly motivated to return to previous work duties. The requested treatment of 12 occupational therapy sessions for the right wrist-hand was non-certified on 9-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 occupational therapy sessions for the right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.