

Case Number:	CM15-0026644		
Date Assigned:	02/19/2015	Date of Injury:	10/09/2014
Decision Date:	04/02/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/12/2015

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: Virginia

Certification(s)/Specialty: Neurology

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 62 year old male, who sustained an industrial injury on 10/09/2014, after a fall from a ladder. The diagnoses have included open fracture of lower end of radius with ulna, aftercare for healing traumatic fracture of other bone, closed fracture of ilium, and degeneration of cervical intervertebral disc. Treatment to date has included surgical and conservative measures. Currently, the injured worker complains of significant pain in the right wrist/arm, worse with motion, and numbness in the right hand/fingers/thumb. He also reported continued pain in the right back and area of the right ilium fracture, but did admit gradual improvement and easier ambulation. Electromyogram/nerve conduction studies (1/07/2015) were documented as showing injury to the sensory portion of the ulnar nerve in the area of the wrist. Medications included Hydrocodone and Lidoderm. Physical exam noted a well healed wrist scar, tenderness in the forearm, and some swelling in the area and into the right hand. He reported some decreased sensitivity to light touch in fingers and was able to move fingers well. Elbow range of motion was near full for flexion and extension. Wrist flexion and extension was "still" reduced 45/40 degrees respectively. Occupational therapy notes from 12/05/2014 (1/6 visit) and 12/16/2014 (3/6 visit) were submitted. On 1/28/2015, Utilization Review non-certified a request for occupational therapy (2x week x3 weeks), right wrist, right ilium, and cervical spine, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 times a week for 3 weeks for the right wrist, right ilium and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section: Physical Therapy Page(s): 98-99.

Decision rationale: Chronic pain medical treatment guidelines recommend physical therapy as part of the therapy for the management of chronic pain. Passive physical therapy can help to improve the rate of healing and to help to control the pain and swelling after an injury. Active therapy can help to restore flexibility, strength, endurance as well as range of motion. Patients are expected to continue active therapies at home as an extension of the treatment in order to maintain appropriate levels of improvement. Physical medicine guidelines allows for a fading of treatment frequency from up to 3 visits per week to one or less if also treated with an active self directed home physical therapy program. In the case of the injured worker detailed above, there is no clarification of a clinical response to the occupational therapy treatments provided to date. There is no statement of specific goals for the management of the injured worker. Finally, there is no mention of management for this patient with a specific home self directed program. Therefore, according to the guidelines and a review of the evidence, a request for Occupational Therapy, 2 times a week for three weeks for the right wrist, right ilium and cervical spine is not medically necessary.