

Case Number:	CM15-0063904		
Date Assigned:	04/09/2015	Date of Injury:	09/17/2013
Decision Date:	05/26/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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 41 year old female, who sustained an industrial injury on 9/17/2013. She reported injury from a fall. The injured worker was diagnosed as having left wrist pain, left wrist scapho-lunate dissociation, dorsal subluxation of the left ulna and status post left wrist open reduction-internal fixation and left wrist hardware removal. There were no deformities noted on a left wrist computed tomography arthrogram. Treatment to date has included surgery, occupational therapy, chiropractic care, physical therapy, acupuncture and medication management. In a progress note dated 1/28/2015, the injured worker complains of pain and numbness in the left wrist and hand. The treating physician is requesting 18 occupational therapy visits for the left wrist/hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 3x6 left wrist/ hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: According to the 01/21/2015 report, this patient is "status post hardware removal left wrist (distal radius) capsulotomy 12/1/14 with pain rated at a 3/10. The current request is for Occupational Therapy 3x6 left wrist/ hand. The request for authorization and the patient's work status are not included in the file for review. The Utilization Review denial letter states that the patient had completed 12 visits of Occupational Therapy with "only minimal improvement." Regarding post-surgical Capsulotomy of the wrist therapy treatments, MTUS guidelines recommend 12 visits over 8 weeks with time frame for treatment of 4 months. In reviewing of the 12/15/2014 to 02/04/2015, occupational therapy reports indicated that the patient had completed 9 out of the 12 approved visits with "difficulty gripping objects/washing." In this case, the current request for an additional 18 sessions of Occupational therapy exceeds the MTUS recommendation of 12 visits. There is no rationale provided to indicate why the patient has not been transitioned to a home exercise program and there is no report of a new injury, new surgery or new diagnosis that could substantiate the current request. Therefore, the current request IS NOT medically necessary.