

Case Number:	CM15-0066989		
Date Assigned:	04/14/2015	Date of Injury:	03/01/1999
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/08/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 60 year old female, who sustained an industrial injury on 3/1/99. She reported injuries to both hands and knees with neck, back and shoulder pain. The injured worker was diagnosed as having severe ulnar plus deformity of left wrist and status post open reduction internal fixation of volar plate of right wrist, spondylosthesis and derangement of cervical spine and lumbar spine. Treatment to date has included home exercise program of right wrist, physical therapy, lumbar epidural injections, Synvisc injections to bilateral knees, left surgery, left ulna shortening and redo ORIF radial bone graft and decompression and fusion surgery. Currently, the injured worker complains of stiffness and pain of left wrist. Upon physical exam, decreased range of motion of right wrist and tenderness of ulna of left wrist with decreased range of motion were noted. The treatment plan included a request for authorization for occupational therapy for left wrist and left wrist arthrodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Occupational Therapy for the left wrist, twice a week for twelve weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-22.

Decision rationale: According to the MTUS, surgical intervention for arthropathy, unspecified, allows for 24 visits over 8 weeks with a treatment period of 4 months. Initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. In this case the IW is requesting 24 visits of OT for post-op care after repeat surgery on the left wrist. The initial course of therapy in this case is 12 visits. The requested 24 courses is in excess of the recommendations of the MTUS. The request is not medically necessary.