MAXIMUS Federal Services

Case Number:	CM15-0068704		
Date Assigned:	04/16/2015	Date of Injury:	06/30/2012
Decision Date:	05/15/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/10/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 41 year old female, who sustained an industrial injury on June 30, 2012. Treatment to date has included physical therapy, surgical intervention to the left wrist and left elbow, work modifications, imaging of the left wrist, and medications. Currently, the injured worker complains of continued pain which she reports is the same as her previous visit. She reports that her strength has improved and she performs a home exercise program. Her treatment plan includes occupational therapy and continuation of her medications. Diagnoses associated with the request included left wrist injury; status post left wrist surgery and left elbow injury status post-surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy x8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-278,Chronic Pain Treatment Guidelines Occupational Therapy and Physical Medicine Page(s): 74, 98-99,Postsurgical Treatment Guidelines Page(s): 22.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand.

Decision rationale: MTUS and ODG state regarding wrist occupational therapy, Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. MTUS Postsurgical Treatment Guidelines additionally states, If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. And further specifies by procedure: TFCC injuries-debridement (arthroscopic): Postsurgical treatment: 10 visits over 10 weeks Postsurgical physical medicine treatment period: 4 months. Medical records indicate that the patient has completed 24 occupational therapy visits. There is no documentation as to why a home exercise program would not be sufficient. The treating physician does not write any complication or special circumstance that would necessitate additional occupational therapy in excess of what has been already been performed. As such, the request for Occupational therapy x8 is not medically necessary.