

Case Number:	CM14-0000280		
Date Assigned:	01/22/2014	Date of Injury:	12/19/2012
Decision Date:	09/25/2015	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial injury on 12-19-2012. The injured worker was diagnosed as having sprain-strain of the wrist-hand. Treatment to date has included diagnostics, scapholunate ligament repair and subsequent removal of hardware (5-23-2013 and 7-25-2013), unspecified post-operative therapy, and medications. Most recently (10-29-2013), the injured worker complains of wrist pain and stiffness. She had decreased flexion of her fingers and requested a brace for her right wrist. She also complained of pain with right shoulder abduction and forward flexion. She was unable to at the shoulders and had difficulty lifting hands above head. Exam of the right wrist noted tenderness, swelling, severely limited range of motion, the inability to make a closed fist. She was working modified duties. It was documented that she had not had therapy for the last 6 weeks and was approved for additional 2 visits of hand therapy. The treatment plan included 12 additional sessions of therapy for the right hand and shoulder. Progress notes from previous hand therapy sessions were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional sessions of post-operative occupational therapy for the right wrist, 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- <https://acoempracguides.org/> Hand and Wrist; Table 2, Summary of Recommendations, Hand and Wrist Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Physical Therapy.

Decision rationale: This claimant was injured back in 2012. The injured worker was diagnosed as having a sprain-strain of the wrist-hand. Treatment to date has included diagnostics, scapholunate ligament repair and subsequent removal of hardware (5-23-2013 and 7-25-2013), unspecified post-operative therapy, and medications. There is ongoing wrist pain and stiffness. She was working modified duties. It was documented that she had not had therapy for the last 6 weeks and was approved for additional 2 visits of hand therapy. The objective improvement in function following past therapy, however, is not known, since the progress notes from previous hand therapy sessions were not submitted. The ODG notes: Dislocation of wrist (ICD9 833): Medical treatment: 9 visits over 8 weeks. Post-surgical treatment (TFCC reconstruction): 16 visits over 10 weeks. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general." A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy was appropriately not medically necessary.