

Case Number:	CM13-0018649		
Date Assigned:	12/11/2013	Date of Injury:	04/27/2013
Decision Date:	02/10/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 29-year-old male who reported a work-related injury on 04/27/2013 as the result of strain to the right shoulder and lumbar spine. The clinical note dated 11/06/2013 reports the patient presents for treatment of the following diagnoses: cervical strain with nerve root irritation, lumbar spine strain and nerve root irritation, and right wrist by history carpal tunnel syndrome. Clinical notes document the patient has utilized a medication regimen to include naproxen and Vicodin, and has attended multiple supervised therapeutic interventions for his pain complaints. Upon physical exam of the patient's right upper extremity, there was partial sensory deficit about the C5 and C6. The provider documented nerve conduction studies were performed by a previous physician, which revealed right wrist carpal tunnel syndrome. The provider documented a recommendation for the patient to utilize acupuncture treatment and continue his medication regimen. ú

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2x3 for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Chapter, section on Physical Therapy.

Decision rationale: The clinical documentation submitted for review reports the patient previously attended 4 sessions of occupational therapy for his right wrist pain complaints and documented diagnosis of carpal tunnel syndrome. The MTUS and ACOEM do not specifically address physical therapy for a presenting diagnosis of carpal tunnel syndrome; therefore, the Official Disability Guidelines were referenced which indicate utilization of 1 to 3 visits over 3 to 5 weeks of physical therapy. In addition, the most recent clinical documentation submitted for review failed to document any significant objective functional deficits about the right wrist to support continued supervised therapeutic interventions. At this point in the patient's treatment, utilization of an independent home exercise program would be indicated by the MTUS Chronic Pain Guidelines for any functional deficits. Given all the above, the request for Occupational Therapy 2x3 for the right wrist is not medically necessary and appropriate.