

Case Number:	CM13-0019276		
Date Assigned:	10/11/2013	Date of Injury:	09/01/2000
Decision Date:	08/12/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 40-year-old female who reported an injury on 09/01/2000. The mechanism of injury was not provided for clinical review. The diagnoses included cervical spine herniated nucleus pulposus and right carpal tunnel syndrome. The previous treatments included medication and an EMG/NCV. Within the clinical note dated 12/03/2013, it was reported the injured worker complained of neck and right wrist pain. Upon the physical examination, the provider noted a positive Spurling's test with pain and spasms. It was noted the injured worker had limited range of motion. The injured worker had a positive Phalen's, a positive Tinel's, and positive spasms and tenderness. The provider requested for occupational therapy. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 12/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR TREATMENT OF THE RIGHT WRIST/HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Treatment of the right wrist and hand is not medically necessary. The injured worker complained of neck pain and right wrist pain. The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines offer fading of treatment frequency plus active self-directed home physical medicine. The guidelines note that for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased strength or flexibility. The number of sessions requested exceeds the guideline recommendations of 8 to 12 visits. The clinical documentation submitted indicated there were multiple requests for occupational therapy; however, there is a lack of documentation indicating the injured worker's previous course of occupational therapy. Therefore, the request is not medically necessary.