

Case Number:	CM13-0026540		
Date Assigned:	12/18/2013	Date of Injury:	09/11/2007
Decision Date:	02/04/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/19/2013

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 Occupational Medicine and is licensed to practice in Mississippi and New York. 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:

This 55 year old woman claims work injury 9/11/2007, and now has hand pain, carpal tunnel syndrome, cervical facet syndrome, shoulder adhesive capsulitis, bicipital tendonitis, chronic pain, cervical stenosis and radiculopathy. She is s/p multiple resultant surgeries and multiple courses of therapy. Her last surgery was 1/17/2013, a right shoulder arthroscopy with subacromial decompression and distal clavicular resection, labral debridement and rotator cuff repair. Repeat MRI 10/14/2013 shows a recurrent full-thickness supraspinatus tear however. On 7/3/13, her doctor, [REDACTED], requested 8 sessions of occupational therapy, 2 days per week, for four weeks, in addition to the physical therapy she is already undergoing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 256, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006)" PT note from Physiotherapy Associates on 8/6/13 indicates that the claimant is s/p right shoulder surgery and has been under orders for a shoulder protocol. The most recent orthopedic note on 10/9/13 indicates that she should continue therapy for strengthening. At that point she had completed 18 visits and had another 6 approved. This appears to be focused on her shoulder, however. Examination of her elbow, wrists and digits show a normal range of motion. The supporting record from [REDACTED] [REDACTED] noted that the patient had not had hand therapy before and thought it would help strengthen her for typing for work. This is in addition to the physical therapy she is getting for her shoulder. She would like to try this as an alternative to surgery for carpal tunnel syndrome. So, this request is not consequent to her right rotator cuff surgery in January 2013. "Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks" "Instruction in home exercise. Except in cases of unstable fractures or acute dislocations, patients should be advised to do early range-of motion exercises at home. Instruction in proper exercise technique is important, and a physical therapist can serve to educate the patient about an effective exercise program." According to the ACOEM guidelines, she should only have instruction in home therapy for her claim of carpal tunnel syndrome. This does not require 8 visits, as requested by her physician.