

Case Number:	CM13-0043373		
Date Assigned:	12/27/2013	Date of Injury:	06/08/2013
Decision Date:	02/18/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 is a female patient with the date of injury of June 8, 2013. A utilization review determination dated October 10, 2013 recommends non-certification of Occupational Therapy two times a week for three weeks. The previous reviewing physician recommended non-certification of Occupational Therapy two times a week for three weeks due to the patient having completed 8 sessions of physical and occupational therapy to date, exceeding Guideline recommendations. An August 15, 2013 [REDACTED] report identifies the patient was referred to physical therapy and did about 9 sessions. She believes the left hand got significantly better, but the right hand has only had mild improvement. A Visit Note from October 11, 2013 identifies with a history of chronic pain symptoms as well as numbness and paresthesias in the hands and wrists. She continues to have limitations in lifting and carrying of heavier objects. Current diagnoses include carpal tunnel syndrome and ulnar nerve lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Occupational Therapy two times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Page 98. Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Physical Medicine Treatment

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Physical Medicine Treatment.

Decision rationale: Regarding the request for Occupational Therapy two times a week for three weeks, Occupational Medicine Practice Guidelines state a physical therapist can serve to educate the patient about an effective exercise program. Official Disability Guidelines (ODG) recommends occupational/physical therapy in the management of carpal tunnel syndrome. ODG additionally recommends an initial trial of physical therapy; and then with documentation of objective functional improvement, ongoing objective treatment goals, as well as a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits, additional therapy may be indicated. For the treatment of carpal tunnel syndrome, ODG recommends 1-3 visits over 3-5 weeks. Within the medical information made available for review, the patient is noted to have had improvement with previous therapy. However, it is also noted that the patient has undergone at least 9 previous therapy visits, which exceeds Guidelines recommendations. As such, the current request for Occupational Therapy two times a week for three weeks is not medically necessary.