

Case Number:	CM13-0043742		
Date Assigned:	04/25/2014	Date of Injury:	05/28/2004
Decision Date:	07/07/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/31/2013

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 Occupational Medicine, 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 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 patient is a 64-year-old-female who has submitted a claim for CMC joint arthritis, carpal tunnel syndrome, status post left trapezial resection with ligament reconstruction and tendon interpositional arthroplasty, and status post endoscopic carpal tunnel release associated with an industrial injury date of 5/28/04. Medical records from 2013 were reviewed, which showed increased symptoms in her right hand. She complained of pain at the radial aspect of both wrists. Weakness was also reported on her bilateral hands. Symptoms were relieved by rest and exacerbated by use. There was occasional numbness of the left thumb, tingling of the right hand, and stiffness of the right hand. Physical examination showed tenderness over both thenar eminences. Right wrist range of motion was 60 degrees on flexion, and the left wrist was 45 degrees on flexion. The right thumb was painful on opposition. Abduction and extension were decreased. Treatment to date has included left thumb CMC joint arthroplasty, physical therapy, right thumb and right carpal tunnel release, splinting, and occupational therapy. Medication has included NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY (OT) FOR THE BILATERAL HANDS/WRISTS, THREE TIMES PER WEEK FOR FOUR WEEKS: Upheld

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

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended with the caveat that the frequency should be tapered and the patient should transition into a self-directed home program. In this case, the patient underwent occupational therapy with a total of 8 sessions since 3/27/13. A home exercise program was advised and incorporated in her treatment. There is no discussion why the patient is still not versed to perform independent exercises at home. Furthermore, there is no discussion regarding the necessity for additional occupational therapy sessions. As such, the request is not medically necessary.