

Case Number:	CM13-0054868		
Date Assigned:	12/30/2013	Date of Injury:	05/04/2011
Decision Date:	03/13/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/20/2013

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 Internal Medicine, and is licensed to practice in 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:

The patient is a 62 year old male with a listed date of injury of 05/04/2011. He had bilateral sprain/strain of wrists. He had right carpal tunnel release surgery on 07/27/2011 and left carpal tunnel release surgery on 02/22/2012. On 12/28/2012 he had a MRI of the right wrist that revealed a large tear of the triangular fibrocartilage and its radial attachment. There was a lunate bone injury. He had a previous right basal joint arthroplasty. In 02/2013 and 03/2013 he had therapy for the wrists. On 09/13/2013 he had bilateral Phalen's sign. He continued to have wrist pain. On 10/17/2013 he continued to have wrist pain and steroid injection was approved. Occupational therapy was requested. The request was for an additional 16 occupational therapy visits; four were approved for home exercise program instruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 16 sessions modified to 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient has chronic wrist pain. The MTUS for chronic pain allows for a maximum of 10 visits. There must be objective documentation that the therapy improves the ability to perform activities of daily living. He had therapy in 02/2013 and 03/2013 and there was no documentation that this therapy improved his ability to perform the activities of daily living. Furthermore, the requested 16 visits exceeds the maximum allowed in the guidelines. By this point in time he should have been transitioned to a home exercise program - the 4 approved visits were for instruction in a home exercise program - and there is no objective documentation that continued formal therapy at this point in time relative to the injury/surgery is superior to a home exercise program. Also, there is no documentation of functional deficits that would preclude a home exercise program.