

Case Number:	CM13-0058103		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2012
Decision Date:	03/26/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	11/26/2013

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 & 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 August 9, 2012. A utilization review determination dated November 22, 2013 recommends non-certification of OT 2 x 6 for the bilateral wrists. The previous reviewing physician recommended non-certification of OT 2 x 6 for the bilateral wrists due to lack of documentation of the deficits to be addressed, measurable goals, a reasonable timetable to reach these goals, and that additional skilled physical therapy would be of greater benefit than an independent home exercise program. A PR-2 report dated October 28, 2013 identifies Subjective Complaints of pain and paresthesia affecting the median nerve distribution and bilateral wrists and hands. Objective findings identify evidence of a healed volar incision and tenderness to palpation, in addition to mild atrophy over the right hypothenar musculature. Grip strength is 4/5. Diagnoses include severe bilateral carpal tunnel syndrome. Treatment Plan identifies occupational therapy for bilateral hands at two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for bilateral wrists two times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Postsurgical Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, and there is documentation of ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of the number of therapy sessions already completed or evidence of any objective functional improvement from the therapy already provided. There is also no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for occupational therapy for bilateral wrists, two (2) times a week for six (6) weeks is not medically necessary and appropriate