

Case Number:	CM13-0064310		
Date Assigned:	01/03/2014	Date of Injury:	12/31/2012
Decision Date:	03/24/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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, 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 27-year-old female with a date of injury of 12/31/12. Patient has a mechanism of injury of repetitive stress injury. Initial diagnoses were hand pain, myofasciitis and repetitive stress injury. Though there were tender points, ROM was full and motor function was 5/5. Conservative care, including PT, ergonomic evaluation, medications, and modified duty were done. She did improve with care, and by the 5/15/13 follow-up report she was able to return to full duty. She has retained full duty status since then. As of 11/25/13, the patient is noted to have completed 12 sessions of PT, continued to return to full duty, and had no significant impairments or exam abnormalities. Continued therapy was recommended. This request was submitted to Utilization Review, and based on the completed 12 sessions with no clear indication for further PT, further therapy was not recommended for certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral hand/wrist occupational therapy 3 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist and neck chapters

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Physical/Occupational therapy

Decision rationale: The CA MTUS/ACOEM are silent on non-surgical therapy recommendations, therefore, consider ODG, which recommends up to 9 sessions of therapy for this type of diagnosis. This patient has completed 12 sessions of therapy, has no significant impairments, and has returned to full duty. Though she remains with some residual symptoms, there is no clear medical indication for ongoing skilled therapy versus doing a self-directed home exercise program at this time. Medical necessity for ongoing OT is not established.