

Case Number:	CM13-0071904		
Date Assigned:	01/08/2014	Date of Injury:	07/27/2009
Decision Date:	08/05/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 58-year-old female who was reportedly injured on July 27, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated December 5, 2013, indicates that there are ongoing complaints of right shoulder, right arm, and right hand pain. The physical examination demonstrated tenderness and swelling at the left thenar eminence. There was a positive Tinel's test at the right elbow and decreased sensation in the right small finger and ring finger. There was a positive Tinel's test at the right wrist. Previous treatment includes eight sessions of occupational therapy for the left hand/wrist. A request had been made for six sessions of occupational therapy for the left wrist and was not approved in the pre-authorization process on December 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 6 SESSIONS FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

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, and hand, Physical therapy, Updated February 18, 2014.

Decision rationale: The Official Disability Guidelines recommend nine visits of physical therapy/occupational therapy over eight weeks time for sprains and strains of the wrist and hand. According to the most recent progress note dated December 5, 2013, the injured employee has already completed eight sessions. Considering this, the injured employee should be well-versed on what is expected of therapy for the hand/wrist and should be able to continue this on their own at home with a home exercise program. This request for six additional occupational therapy sessions for the left wrist is not medically necessary.