MAXIMUS Federal Services

Case Number:	CM14-0000028		
Date Assigned:	01/10/2014	Date of Injury:	02/29/2012
Decision Date:	09/08/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 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 underlying date of injury in this case is 02/29/2012. The diagnoses include status post release of the 6th dorsal compartment and status post debridement of the triangular fibro cartilage status post a wafer procedure status post left carpal tunnel release and right carpal tunnel syndrome. The diagnoses in this case include left leg sciatica, bilateral carpal tunnel syndrome, and spinal discopathy. A follow-up note of 12/31/2013 indicates that recently requested additional physical therapy had been authorized. Therefore, no additional request was made for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY THREE (3) TIMES A WEEK FOR THREE (3) WEEKS FOR THE BILATERAL WRISTS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, Section on Physical Medicine, Pages 98-99, states that occupational

therapy should be based on specific documented treatment goals. The rationale for this treatment and the specific goals of treatment are not apparent. The guidelines anticipate that the patient would have transitioned to an independent home rehabilitation program. Basis for rationale for additional supervised rather than independent rehabilitation is not apparent. Therefore, Occupational Therapy three (3) times a week for three (3) weeks for the bilateral wrists is not medically necessary.