

Case Number:	CM14-0000708		
Date Assigned:	01/24/2014	Date of Injury:	10/01/2011
Decision Date:	07/30/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 47-year-old female with a reported injury on 01/01/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/17/2014 reported that the injured worker complained of right wrist pain. The physical examination of the injured worker revealed tenderness to the right hand, forearm, and wrist. It was reported the injured worker had decreased sensation to the medial distribution. The injured worker's right hand and wrist were positive for Tinel's and Phalen's tests, 5/5 grasping strength, and sensation to sharp was decreased at medial nerve distribution. The injured worker's diagnoses included right forearm muscle strain and right carpal tunnel syndrome. EMG/NCS report revealed that there was electrodiagnostic evidence of right median sensorimotor mononeuropathy at or about the wrist, mild in severity and demyelinating in type. There was no evidence of any active denervation on electromyography. The provider requested additional occupational therapy to treat the right wrist and hand. The request for authorization was submitted on 12/30/2013. The injured worker's prior treatments include previous physical therapy and occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy to treat the right wrist and hand two times per week for three weeks: Upheld

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

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

Decision rationale: The request for additional occupational therapy to treat the right wrist and hand 2 times per week for 3 weeks is not medically necessary. The injured worker complained of right wrist pain. The treating physician's rationale for additional occupational therapy is for the treatment of the injured worker's right wrist and hand. The California MTUS guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there was a lack of documentation indicating the injured worker had significant functional deficits. It is noted that the injured worker has had previous sessions of occupational therapy; however, there is a lack of clinical information provided indicating the amount of sessions and if the injured worker had any documented functional improvement. Given the information provided, there is insufficient evidence to determine the appropriateness of continued therapy. Therefore, the request is not medically necessary.