

Case Number:	CM14-0003995		
Date Assigned:	01/31/2014	Date of Injury:	09/09/1992
Decision Date:	06/13/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/09/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 57 year old female who reported an injury on September 9, 1992, due to an unknown mechanism. The clinical note dated December 5, 2013 presented the injured worker with intermittent slight dull pain in the bilateral hands. The injured workers physical exam revealed joint pain, tingling and musculoskeletal tenderness, decreased range of motion to the cervical and lumbar back, right hand tenderness with deformity and swelling, left hand tenderness and swelling, and a positive Phalen's bilaterally. The injured worker was diagnosed with carpal tunnel syndrome. The provider recommended occupational therapy once a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 1 X 6 TO BILATERAL WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. There was a lack of documentation indicating the efficacy of the prior therapy. As of November 2013 the injured worker received at least 6 physical therapy sessions. The guidelines recommend up to 10 visits of physical therapy and the request for 6 more visits exceeds the recommendations of the guidelines. Therefore, the request is not medically necessary.