

Case Number:	CM14-0109396		
Date Assigned:	08/01/2014	Date of Injury:	04/24/2006
Decision Date:	09/15/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/14/2014

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 Orthopedic Surgery 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 injured worker is a 61-year-old male who reported an injury on 04/24/2006 after using a power drill that got stuck, causing a jerking motion. The injured worker reportedly sustained an injury to his right upper extremity. The injured worker's treatment history included a wrist brace support, home exercise program, medications, physical therapy, and occupational therapy. The injured worker also has a history of Carpal Tunnel Release. The injured worker was evaluated on 05/19/2014 after completing 13 out of 14 visits of occupational therapy. It was noted that the injured worker had 3/10 pain with poor grip and motor strength, and poor hand function and tolerance to complete daily self-care and other activities of daily living. The injured worker's diagnoses included Carpal Tunnel Syndrome and Lateral Epicondylitis. Objective findings included restricted range of motion of the right wrist. A request was made for 12 additional occupational therapy visits on a Request for Authorization form dated 06/10/2014. However, no justification for the request was provided. A request was also made for consultation for an occupational evaluation. However, no justification or Request for Authorization form was provided to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy x 12 Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand-Office Visits.

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

Decision rationale: The requested 12 Occupational Therapy Visits are not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has completed 13 out of 14 occupational therapy visits, and has continued significantly reduced functional capabilities. California Medical Treatment Utilization Schedule recommend up to 10 visits of physical or occupational therapy for neuropathic pain. The clinical documentation supports that the injured worker has already participated in treatment to exceed this recommendation without significant functional benefit or functional restoration. Therefore, and additional 12 visits of occupational therapy would not be indicated in this clinical situation. Furthermore, the request as it is submitted does not clearly identify a body part. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested for 12 Occupational Therapy Visits are not medically necessary.

Consult Occupational Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.